

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$10,710,102	\$3,717,748	(\$6,992,354)	-65%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$10,457,444	\$8,601,320	(\$1,856,124)	-18%
4	Current Assets Whose Use is Limited for Current Liabilities	\$307,266	\$0	(\$307,266)	-100%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,944,478	\$1,645,080	(\$299,398)	-15%
8	Prepaid Expenses	\$1,415,038	\$900,544	(\$514,494)	-36%
9	Other Current Assets	\$0	\$0	\$0	0%
	<b>Total Current Assets</b>	<b>\$24,834,328</b>	<b>\$14,864,692</b>	<b>(\$9,969,636)</b>	<b>-40%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
5	Interest in Net Assets of Foundation	\$10,110,186	\$14,710,574	\$4,600,388	46%
6	Long Term Investments	\$199,742	\$0	(\$199,742)	-100%
7	Other Noncurrent Assets	\$1,095,567	\$4,358,823	\$3,263,256	298%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$106,383,423	\$107,893,687	\$1,510,264	1%
2	Less: Accumulated Depreciation	\$71,638,392	\$75,751,426	\$4,113,034	6%
	<b>Property, Plant and Equipment, Net</b>	<b>\$34,745,031</b>	<b>\$32,142,261</b>	<b>(\$2,602,770)</b>	<b>-7%</b>
3	Construction in Progress	\$0	\$298,414	\$298,414	0%
	<b>Total Net Fixed Assets</b>	<b>\$34,745,031</b>	<b>\$32,440,675</b>	<b>(\$2,304,356)</b>	<b>-7%</b>
	<b>Total Assets</b>	<b>\$70,984,854</b>	<b>\$66,374,764</b>	<b>(\$4,610,090)</b>	<b>-6%</b>

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(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. <b>LIABILITIES AND NET ASSETS</b>					
A. <b>Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$4,235,702	\$3,081,591	(\$1,154,111)	-27%
2	Salaries, Wages and Payroll Taxes	\$2,329,129	\$3,202,850	\$873,721	38%
3	Due To Third Party Payers	\$4,184,788	\$2,461,714	(\$1,723,074)	-41%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$509,773	\$495,090	(\$14,683)	-3%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,279,841	\$5,518,658	(\$761,183)	-12%
	<b>Total Current Liabilities</b>	<b>\$17,539,233</b>	<b>\$14,759,903</b>	<b>(\$2,779,330)</b>	<b>-16%</b>
B. <b>Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$6,617,868	\$4,829,283	(\$1,788,585)	-27%
	<b>Total Long Term Debt</b>	<b>\$6,617,868</b>	<b>\$4,829,283</b>	<b>(\$1,788,585)</b>	<b>-27%</b>
3	Accrued Pension Liability	\$16,438,757	\$26,239,675	\$9,800,918	60%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	<b>Total Long Term Liabilities</b>	<b>\$23,056,625</b>	<b>\$31,068,958</b>	<b>\$8,012,333</b>	<b>35%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. <b>Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$26,176,392	\$12,487,373	(\$13,689,019)	-52%
2	Temporarily Restricted Net Assets	\$525,763	\$3,923,984	\$3,398,221	646%
3	Permanently Restricted Net Assets	\$3,686,841	\$4,134,546	\$447,705	12%
	<b>Total Net Assets</b>	<b>\$30,388,996</b>	<b>\$20,545,903</b>	<b>(\$9,843,093)</b>	<b>-32%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$70,984,854</b>	<b>\$66,374,764</b>	<b>(\$4,610,090)</b>	<b>-6%</b>

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$238,485,898	\$204,381,627	(\$34,104,271)	-14%
2	Less: Allowances	\$145,313,145	\$121,534,978	(\$23,778,167)	-16%
3	Less: Charity Care	\$2,584,646	\$1,610,576	(\$974,070)	-38%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$90,588,107</b>	<b>\$81,236,073</b>	<b>(\$9,352,034)</b>	<b>-10%</b>
5	Other Operating Revenue	\$2,889,896	\$1,177,822	(\$1,712,074)	-59%
6	Net Assets Released from Restrictions	\$346,393	\$66,843	(\$279,550)	-81%
	<b>Total Operating Revenue</b>	<b>\$93,824,396</b>	<b>\$82,480,738</b>	<b>(\$11,343,658)</b>	<b>-12%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$38,861,333	\$33,289,369	(\$5,571,964)	-14%
2	Fringe Benefits	\$13,391,748	\$11,946,105	(\$1,445,643)	-11%
3	Physicians Fees	\$1,914,545	\$7,904,111	\$5,989,566	313%
4	Supplies and Drugs	\$13,100,512	\$10,418,459	(\$2,682,053)	-20%
5	Depreciation and Amortization	\$5,689,580	\$5,511,455	(\$178,125)	-3%
6	Bad Debts	\$2,545,989	\$3,125,172	\$579,183	23%
7	Interest	\$482,517	\$391,263	(\$91,254)	-19%
8	Malpractice	\$1,856,393	\$1,643,424	(\$212,969)	-11%
9	Other Operating Expenses	\$16,073,149	\$14,729,451	(\$1,343,698)	-8%
	<b>Total Operating Expenses</b>	<b>\$93,915,766</b>	<b>\$88,958,809</b>	<b>(\$4,956,957)</b>	<b>-5%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$91,370)</b>	<b>(\$6,478,071)</b>	<b>(\$6,386,701)</b>	<b>6990%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$44,475	\$27,208	(\$17,267)	-39%
2	Gifts, Contributions and Donations	\$25,675	(\$5,250)	(\$30,925)	-120%
3	Other Non-Operating Gains/(Losses)	(\$72,722)	\$0	\$72,722	-100%
	<b>Total Non-Operating Revenue</b>	<b>(\$2,572)</b>	<b>\$21,958</b>	<b>\$24,530</b>	<b>-954%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$93,942)</b>	<b>(\$6,456,113)</b>	<b>(\$6,362,171)</b>	<b>6772%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$93,942)</b>	<b>(\$6,456,113)</b>	<b>(\$6,362,171)</b>	<b>6772%</b>
	Principal Payments	\$7,315,741	\$415,636	(\$6,900,105)	-94%

**NEW MILFORD HOSPITAL  
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FISCAL YEAR 2012  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$35,530,582	\$30,974,582	(\$4,556,000)	-13%
2	MEDICARE MANAGED CARE	\$2,950,849	\$3,407,625	\$456,776	15%
3	MEDICAID	\$3,103,139	\$4,037,639	\$934,500	30%
4	MEDICAID MANAGED CARE	\$1,301,248	\$380,331	(\$920,917)	-71%
5	CHAMPUS/TRICARE	\$206,461	\$108,538	(\$97,923)	-47%
6	COMMERCIAL INSURANCE	\$2,248,688	\$1,055,112	(\$1,193,576)	-53%
7	NON-GOVERNMENT MANAGED CARE	\$18,734,058	\$15,236,859	(\$3,497,199)	-19%
8	WORKER'S COMPENSATION	\$2,093,758	\$982,713	(\$1,111,045)	-53%
9	SELF- PAY/UNINSURED	\$817,818	\$853,569	\$35,751	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$495,349	\$72,562	(\$422,787)	-85%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$67,481,950</b>	<b>\$57,109,530</b>	<b>(\$10,372,420)</b>	<b>-15%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$59,432,584	\$50,358,991	(\$9,073,593)	-15%
2	MEDICARE MANAGED CARE	\$4,399,719	\$5,670,876	\$1,271,157	29%
3	MEDICAID	\$8,746,401	\$11,529,718	\$2,783,317	32%
4	MEDICAID MANAGED CARE	\$6,247,212	\$1,462,195	(\$4,785,017)	-77%
5	CHAMPUS/TRICARE	\$276,437	\$284,523	\$8,086	3%
6	COMMERCIAL INSURANCE	\$7,042,245	\$5,068,767	(\$1,973,478)	-28%
7	NON-GOVERNMENT MANAGED CARE	\$78,941,999	\$67,293,177	(\$11,648,822)	-15%
8	WORKER'S COMPENSATION	\$1,648,420	\$1,598,751	(\$49,669)	-3%
9	SELF- PAY/UNINSURED	\$3,882,484	\$3,616,941	(\$265,543)	-7%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$386,445	\$388,158	\$1,713	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$171,003,946</b>	<b>\$147,272,097</b>	<b>(\$23,731,849)</b>	<b>-14%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$94,963,166	\$81,333,573	(\$13,629,593)	-14%
2	MEDICARE MANAGED CARE	\$7,350,568	\$9,078,501	\$1,727,933	24%
3	MEDICAID	\$11,849,540	\$15,567,357	\$3,717,817	31%
4	MEDICAID MANAGED CARE	\$7,548,460	\$1,842,526	(\$5,705,934)	-76%
5	CHAMPUS/TRICARE	\$482,898	\$393,061	(\$89,837)	-19%
6	COMMERCIAL INSURANCE	\$9,290,933	\$6,123,879	(\$3,167,054)	-34%
7	NON-GOVERNMENT MANAGED CARE	\$97,676,057	\$82,530,036	(\$15,146,021)	-16%
8	WORKER'S COMPENSATION	\$3,742,178	\$2,581,464	(\$1,160,714)	-31%
9	SELF- PAY/UNINSURED	\$4,700,302	\$4,470,510	(\$229,792)	-5%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$881,794	\$460,720	(\$421,074)	-48%
	<b>TOTAL GROSS REVENUE</b>	<b>\$238,485,896</b>	<b>\$204,381,627</b>	<b>(\$34,104,269)</b>	<b>-14%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$11,738,609	\$10,157,385	(\$1,581,224)	-13%
2	MEDICARE MANAGED CARE	\$877,435	\$1,151,329	\$273,894	31%
3	MEDICAID	\$975,520	\$1,605,041	\$629,521	65%
4	MEDICAID MANAGED CARE	\$461,166	\$144,005	(\$317,161)	-69%
5	CHAMPUS/TRICARE	\$41,553	\$35,808	(\$5,745)	-14%
6	COMMERCIAL INSURANCE	\$799,192	\$382,431	(\$416,761)	-52%
7	NON-GOVERNMENT MANAGED CARE	\$7,877,740	\$6,978,254	(\$899,486)	-11%
8	WORKER'S COMPENSATION	\$1,278,532	\$563,578	(\$714,954)	-56%
9	SELF- PAY/UNINSURED	\$73,029	\$33,482	(\$39,547)	-54%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$155,721	\$28,844	(\$126,877)	-81%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$24,278,497</b>	<b>\$21,080,157</b>	<b>(\$3,198,340)</b>	<b>-13%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$12,283,190	\$11,744,643	(\$538,547)	-4%
2	MEDICARE MANAGED CARE	\$1,044,028	\$1,188,714	\$144,686	14%
3	MEDICAID	\$2,268,070	\$2,921,192	\$653,122	29%
4	MEDICAID MANAGED CARE	\$1,795,078	\$348,660	(\$1,446,418)	-81%
5	CHAMPUS/TRICARE	\$70,301	\$65,299	(\$5,002)	-7%
6	COMMERCIAL INSURANCE	\$3,320,496	\$2,567,324	(\$753,172)	-23%
7	NON-GOVERNMENT MANAGED CARE	\$41,061,787	\$36,470,781	(\$4,591,006)	-11%
8	WORKER'S COMPENSATION	\$1,140,236	\$1,039,260	(\$100,976)	-9%
9	SELF- PAY/UNINSURED	\$346,693	\$141,878	(\$204,815)	-59%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$100,211	\$98,344	(\$1,867)	-2%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$63,430,090</b>	<b>\$56,586,095</b>	<b>(\$6,843,995)</b>	<b>-11%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$24,021,799	\$21,902,028	(\$2,119,771)	-9%
2	MEDICARE MANAGED CARE	\$1,921,463	\$2,340,043	\$418,580	22%
3	MEDICAID	\$3,243,590	\$4,526,233	\$1,282,643	40%
4	MEDICAID MANAGED CARE	\$2,256,244	\$492,665	(\$1,763,579)	-78%
5	CHAMPUS/TRICARE	\$111,854	\$101,107	(\$10,747)	-10%
6	COMMERCIAL INSURANCE	\$4,119,688	\$2,949,755	(\$1,169,933)	-28%
7	NON-GOVERNMENT MANAGED CARE	\$48,939,527	\$43,449,035	(\$5,490,492)	-11%
8	WORKER'S COMPENSATION	\$2,418,768	\$1,602,838	(\$815,930)	-34%
9	SELF- PAY/UNINSURED	\$419,722	\$175,360	(\$244,362)	-58%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$255,932	\$127,188	(\$128,744)	-50%
	<b>TOTAL NET REVENUE</b>	<b>\$87,708,587</b>	<b>\$77,666,252</b>	<b>(\$10,042,335)</b>	<b>-11%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	1,116	1,016	(100)	-9%
2	MEDICARE MANAGED CARE	83	102	19	23%
3	MEDICAID	100	236	136	136%
4	MEDICAID MANAGED CARE	136	29	(107)	-79%
5	CHAMPUS/TRICARE	7	9	2	29%
6	COMMERCIAL INSURANCE	96	75	(21)	-22%
7	NON-GOVERNMENT MANAGED CARE	877	737	(140)	-16%
8	WORKER'S COMPENSATION	40	22	(18)	-45%
9	SELF- PAY/UNINSURED	55	54	(1)	-2%
10	SAGA	0	0	0	0%
11	OTHER	6	8	2	33%
	<b>TOTAL DISCHARGES</b>	<b>2,516</b>	<b>2,288</b>	<b>(228)</b>	<b>-9%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	4,860	4,553	(307)	-6%
2	MEDICARE MANAGED CARE	508	432	(76)	-15%
3	MEDICAID	489	811	322	66%
4	MEDICAID MANAGED CARE	347	78	(269)	-78%
5	CHAMPUS/TRICARE	31	27	(4)	-13%
6	COMMERCIAL INSURANCE	309	247	(62)	-20%
7	NON-GOVERNMENT MANAGED CARE	2,504	2,173	(331)	-13%
8	WORKER'S COMPENSATION	93	40	(53)	-57%
9	SELF- PAY/UNINSURED	143	165	22	15%
10	SAGA	0	0	0	0%
11	OTHER	63	11	(52)	-83%
	<b>TOTAL PATIENT DAYS</b>	<b>9,347</b>	<b>8,537</b>	<b>(810)</b>	<b>-9%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	32,407	21,317	(11,090)	-34%
2	MEDICARE MANAGED CARE	3,241	2,585	(656)	-20%
3	MEDICAID	4,177	8,304	4,127	99%
4	MEDICAID MANAGED CARE	5,632	1,456	(4,176)	-74%
5	CHAMPUS/TRICARE	269	180	(89)	-33%
6	COMMERCIAL INSURANCE	7,093	3,592	(3,501)	-49%
7	NON-GOVERNMENT MANAGED CARE	46,382	29,138	(17,244)	-37%
8	WORKER'S COMPENSATION	837	721	(116)	-14%
9	SELF- PAY/UNINSURED	5,826	3,322	(2,504)	-43%
10	SAGA	0	0	0	0%
11	OTHER	1,751	222	(1,529)	-87%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>107,615</b>	<b>70,837</b>	<b>(36,778)</b>	<b>-34%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$5,101,640	\$5,715,450	\$613,810	12%
2	MEDICARE MANAGED CARE	\$427,106	\$594,576	\$167,470	39%
3	MEDICAID	\$2,514,016	\$3,902,537	\$1,388,521	55%
4	MEDICAID MANAGED CARE	\$2,184,268	\$668,678	(\$1,515,590)	-69%
5	CHAMPUS/TRICARE	\$99,168	\$108,606	\$9,438	10%
6	COMMERCIAL INSURANCE	\$1,365,373	\$1,250,726	(\$114,647)	-8%
7	NON-GOVERNMENT MANAGED CARE	\$11,008,122	\$11,252,820	\$244,698	2%
8	WORKER'S COMPENSATION	\$611,857	\$609,681	(\$2,176)	0%
9	SELF- PAY/UNINSURED	\$1,655,664	\$1,796,054	\$140,390	8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$336,519	\$311,822	(\$24,697)	-7%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$25,303,733</b>	<b>\$26,210,950</b>	<b>\$907,217</b>	<b>4%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$1,181,561	\$1,213,874	\$32,313	3%
2	MEDICARE MANAGED CARE	\$115,141	\$125,307	\$10,166	9%
3	MEDICAID	\$384,216	\$922,665	\$538,449	140%
4	MEDICAID MANAGED CARE	\$655,470	\$170,214	(\$485,256)	-74%
5	CHAMPUS/TRICARE	\$27,224	\$23,955	(\$3,269)	-12%
6	COMMERCIAL INSURANCE	\$723,225	\$702,471	(\$20,754)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$5,280,235	\$5,814,310	\$534,075	10%
8	WORKER'S COMPENSATION	\$392,280	\$401,836	\$9,556	2%
9	SELF- PAY/UNINSURED	\$97,560	\$108,030	\$10,470	11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$49,504	\$41,229	(\$8,275)	-17%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$8,906,416</b>	<b>\$9,523,891</b>	<b>\$617,475</b>	<b>7%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	2,902	2,942	40	1%
2	MEDICARE MANAGED CARE	240	278	38	16%
3	MEDICAID	1,147	2,880	1,733	151%
4	MEDICAID MANAGED CARE	2,035	530	(1,505)	-74%
5	CHAMPUS/TRICARE	82	84	2	2%
6	COMMERCIAL INSURANCE	867	725	(142)	-16%
7	NON-GOVERNMENT MANAGED CARE	7,452	7,039	(413)	-6%
8	WORKER'S COMPENSATION	536	486	(50)	-9%
9	SELF- PAY/UNINSURED	1,238	1,203	(35)	-3%
10	SAGA	0	0	0	0%
11	OTHER	239	199	(40)	-17%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>16,738</b>	<b>16,366</b>	<b>(372)</b>	<b>-2%</b>

**NEW MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I.</b>	<b><u>OPERATING EXPENSE BY CATEGORY</u></b>				
<b>A.</b>	<b><u>Salaries &amp; Wages:</u></b>				
1	Nursing Salaries	\$12,450,131	\$12,057,764	(\$392,367)	-3%
2	Physician Salaries	\$5,155,740	\$1,009,436	(\$4,146,304)	-80%
3	Non-Nursing, Non-Physician Salaries	\$21,255,462	\$20,222,169	(\$1,033,293)	-5%
	<b>Total Salaries &amp; Wages</b>	<b>\$38,861,333</b>	<b>\$33,289,369</b>	<b>(\$5,571,964)</b>	<b>-14%</b>
<b>B.</b>	<b><u>Fringe Benefits:</u></b>				
1	Nursing Fringe Benefits	\$4,295,295	\$4,328,737	\$33,442	1%
2	Physician Fringe Benefits	\$1,778,730	\$362,388	(\$1,416,342)	-80%
3	Non-Nursing, Non-Physician Fringe Benefits	\$7,317,723	\$7,254,980	(\$62,743)	-1%
	<b>Total Fringe Benefits</b>	<b>\$13,391,748</b>	<b>\$11,946,105</b>	<b>(\$1,445,643)</b>	<b>-11%</b>
<b>C.</b>	<b><u>Contractual Labor Fees:</u></b>				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$1,914,545	\$7,904,111	\$5,989,566	313%
3	Non-Nursing, Non-Physician Fees	\$68,511	\$60,359	(\$8,152)	-12%
	<b>Total Contractual Labor Fees</b>	<b>\$1,983,056</b>	<b>\$7,964,470</b>	<b>\$5,981,414</b>	<b>302%</b>
<b>D.</b>	<b><u>Medical Supplies and Pharmaceutical Cost:</u></b>				
1	Medical Supplies	\$7,049,561	\$6,044,248	(\$1,005,313)	-14%
2	Pharmaceutical Costs	\$6,050,951	\$4,374,211	(\$1,676,740)	-28%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$13,100,512</b>	<b>\$10,418,459</b>	<b>(\$2,682,053)</b>	<b>-20%</b>
<b>E.</b>	<b><u>Depreciation and Amortization:</u></b>				
1	Depreciation-Building	\$2,091,797	\$2,012,327	(\$79,470)	-4%
2	Depreciation-Equipment	\$3,275,722	\$3,153,043	(\$122,679)	-4%
3	Amortization	\$322,061	\$346,085	\$24,024	7%
	<b>Total Depreciation and Amortization</b>	<b>\$5,689,580</b>	<b>\$5,511,455</b>	<b>(\$178,125)</b>	<b>-3%</b>
<b>F.</b>	<b><u>Bad Debts:</u></b>				
1	Bad Debts	\$2,545,989	\$3,125,172	\$579,183	23%
<b>G.</b>	<b><u>Interest Expense:</u></b>				
1	Interest Expense	\$482,517	\$391,263	(\$91,254)	-19%
<b>H.</b>	<b><u>Malpractice Insurance Cost:</u></b>				
1	Malpractice Insurance Cost	\$1,856,393	\$1,643,424	(\$212,969)	-11%
<b>I.</b>	<b><u>Utilities:</u></b>				
1	Water	\$147,605	\$143,182	(\$4,423)	-3%
2	Natural Gas	\$207,603	\$162,610	(\$44,993)	-22%
3	Oil	\$53,539	\$16,372	(\$37,167)	-69%
4	Electricity	\$905,071	\$847,424	(\$57,647)	-6%
5	Telephone	\$249,556	\$206,722	(\$42,834)	-17%
6	Other Utilities	\$0	\$0	\$0	0%
	<b>Total Utilities</b>	<b>\$1,563,374</b>	<b>\$1,376,310</b>	<b>(\$187,064)</b>	<b>-12%</b>
<b>J.</b>	<b><u>Business Expenses:</u></b>				
1	Accounting Fees	\$154,863	\$164,982	\$10,119	7%
2	Legal Fees	\$377,051	\$249,416	(\$127,635)	-34%
3	Consulting Fees	\$670,829	\$223,368	(\$447,461)	-67%
4	Dues and Membership	\$226,334	\$215,298	(\$11,036)	-5%
5	Equipment Leases	\$351,276	\$309,062	(\$42,214)	-12%
6	Building Leases	\$223,841	\$137,654	(\$86,187)	-39%
7	Repairs and Maintenance	\$1,212,216	\$1,428,288	\$216,072	18%
8	Insurance	\$97,158	\$81,367	(\$15,791)	-16%

**NEW MILFORD HOSPITAL  
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FISCAL YEAR 2012  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1) <u>LINE</u>	(2) <u>DESCRIPTION</u>	(3) <u>FY 2011 ACTUAL</u>	(4) <u>FY 2012 ACTUAL</u>	(5) <u>AMOUNT DIFFERENCE</u>	(6) <u>% DIFFERENCE</u>
9	Travel	\$170,955	\$87,029	(\$83,926)	-49%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$53,866	\$22,041	(\$31,825)	-59%
12	General Supplies	\$1,301,926	\$1,230,504	(\$71,422)	-5%
13	Licenses and Subscriptions	\$80,372	\$48,039	(\$32,333)	-40%
14	Postage and Shipping	\$103,291	\$78,327	(\$24,964)	-24%
15	Advertising	\$136,431	\$1,477	(\$134,954)	-99%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$10,519	\$10,519	0%
18	Computer hardware & small equipment	\$0	\$52,043	\$52,043	0%
19	Dietary / Food Services	\$0	\$972,937	\$972,937	0%
20	Lab Fees / Red Cross charges	\$0	\$619,047	\$619,047	0%
21	Billing & Collection / Bank Fees	\$0	\$271,938	\$271,938	0%
22	Recruiting / Employee Education & Recognition	\$0	\$32,871	\$32,871	0%
23	Laundry / Linen	\$0	\$203,002	\$203,002	0%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$0	\$3,032,062	\$3,032,062	0%
27	Purchased Services - Non Medical	\$0	\$2,486,175	\$2,486,175	0%
28	Other Business Expenses	\$0	\$0	\$0	0%
	<b>Total Business Expenses</b>	<b>\$5,160,409</b>	<b>\$11,957,446</b>	<b>\$6,797,037</b>	<b>132%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$9,280,855	\$1,335,336	(\$7,945,519)	-86%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$93,915,766</b>	<b>\$88,958,809</b>	<b>(\$4,956,957)</b>	<b>-5%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$25,041,202	\$24,028,718	(\$1,012,484)	-4%
2	General Accounting	\$513,171	\$605,607	\$92,436	18%
3	Patient Billing & Collection	\$1,491,898	\$852,643	(\$639,255)	-43%
4	Admitting / Registration Office	\$626,302	\$983,958	\$357,656	57%
5	Data Processing	\$1,863,236	\$1,197,075	(\$666,161)	-36%
6	Communications	\$263,016	\$214,933	(\$48,083)	-18%
7	Personnel	\$602,216	\$426,551	(\$175,665)	-29%
8	Public Relations	\$562,082	\$188,098	(\$373,984)	-67%
9	Purchasing	\$4,301,104	\$3,708,623	(\$592,481)	-14%
10	Dietary and Cafeteria	\$1,444,760	\$1,439,236	(\$5,524)	0%
11	Housekeeping	\$980,089	\$954,649	(\$25,440)	-3%
12	Laundry & Linen	\$249,284	\$210,979	(\$38,305)	-15%
13	Operation of Plant	\$1,296,776	\$1,165,598	(\$131,178)	-10%
14	Security	\$394,029	\$389,326	(\$4,703)	-1%
15	Repairs and Maintenance	\$1,859,324	\$1,897,300	\$37,976	2%
16	Central Sterile Supply	\$452,348	\$385,697	(\$66,651)	-15%
17	Pharmacy Department	\$7,132,290	\$5,685,573	(\$1,446,717)	-20%
18	Other General Services	\$2,370,519	\$1,751,232	(\$619,287)	-26%
	<b>Total General Services</b>	<b>\$51,443,646</b>	<b>\$46,085,796</b>	<b>(\$5,357,850)</b>	<b>-10%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$1,111,553	\$1,682,425	\$570,872	51%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$430,453	\$510,600	\$80,147	19%
4	Medical Records	\$887,803	\$869,231	(\$18,572)	-2%



**NEW MILFORD HOSPITAL**  
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**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
5	Social Service	\$143,265	\$29,149	(\$114,116)	-80%
6	Other Professional Services	\$3,243,608	\$5,119,533	\$1,875,925	58%
	<b>Total Professional Services</b>	<b>\$5,816,682</b>	<b>\$8,210,938</b>	<b>\$2,394,256</b>	<b>41%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$2,568,715	\$2,484,373	(\$84,342)	-3%
2	Recovery Room	\$505,501	\$421,517	(\$83,984)	-17%
3	Anesthesiology	\$120,633	\$103,483	(\$17,150)	-14%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$1,809,279	\$1,727,944	(\$81,335)	-4%
6	Diagnostic Ultrasound	\$0	\$0	\$0	0%
7	Radiation Therapy	\$1,520,340	\$1,222,270	(\$298,070)	-20%
8	Radioisotopes	\$568,560	\$516,724	(\$51,836)	-9%
9	CT Scan	\$519,526	\$566,371	\$46,845	9%
10	Laboratory	\$4,556,146	\$3,066,594	(\$1,489,552)	-33%
11	Blood Storing/Processing	\$427,495	\$316,815	(\$110,680)	-26%
12	Cardiology	\$203,129	\$209,669	\$6,540	3%
13	Electrocardiology	\$473,815	\$434,079	(\$39,736)	-8%
14	Electroencephalography	\$0	\$0	\$0	0%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$195,035	\$54,430	(\$140,605)	-72%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$638,787	\$669,925	\$31,138	5%
19	Pulmonary Function	\$225,500	\$237,300	\$11,800	5%
20	Intravenous Therapy	\$294,289	\$192,805	(\$101,484)	-34%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$896,663	\$841,314	(\$55,349)	-6%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$3,983,537	\$2,279,777	(\$1,703,760)	-43%
25	MRI	\$1,570,302	\$1,600,821	\$30,519	2%
26	PET Scan	\$192,521	\$158,581	(\$33,940)	-18%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$909,965	\$1,000,339	\$90,374	10%
29	Sleep Center	\$363,992	\$305,532	(\$58,460)	-16%
30	Lithotripsy	\$99,025	\$98,340	(\$685)	-1%
31	Cardiac Catheterization/Rehabilitation	\$38	\$0	(\$38)	-100%
32	Occupational Therapy / Physical Therapy	\$256,912	\$274,150	\$17,238	7%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,143,507	\$1,695,894	(\$447,613)	-21%
	<b>Total Special Services</b>	<b>\$25,043,212</b>	<b>\$20,479,047</b>	<b>(\$4,564,165)</b>	<b>-18%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$3,587,628	\$3,335,232	(\$252,396)	-7%
2	Intensive Care Unit	\$1,605,318	\$1,549,991	(\$55,327)	-3%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,569,551	\$1,557,139	(\$12,412)	-1%
7	Newborn Nursery Unit	\$27,935	\$25,559	(\$2,376)	-9%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$715,096	\$714,580	(\$516)	0%
11	Home Care	\$0	\$0	\$0	0%

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$88,045,146	\$ 90,588,107	\$81,236,073
2	Other Operating Revenue	3,875,185	3,236,289	1,244,665
3	Total Operating Revenue	\$91,920,331	\$93,824,396	\$82,480,738
4	Total Operating Expenses	91,802,230	93,915,766	88,958,809
5	Income/(Loss) From Operations	\$118,101	(\$91,370)	(\$6,478,071)
6	Total Non-Operating Revenue	72,146	(2,572)	21,958
7	Excess/(Deficiency) of Revenue Over Expenses	\$190,247	(\$93,942)	(\$6,456,113)
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	0.13%	-0.10%	-7.85%
2	Hospital Non Operating Margin	0.08%	0.00%	0.03%
3	Hospital Total Margin	0.21%	-0.10%	-7.83%
4	Income/(Loss) From Operations	\$118,101	(\$91,370)	(\$6,478,071)
5	Total Operating Revenue	\$91,920,331	\$93,824,396	\$82,480,738
6	Total Non-Operating Revenue	\$72,146	(\$2,572)	\$21,958
7	Total Revenue	\$91,992,477	\$93,821,824	\$82,502,696
8	Excess/(Deficiency) of Revenue Over Expenses	\$190,247	(\$93,942)	(\$6,456,113)
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$28,931,108	\$26,176,392	\$12,487,373
2	Hospital Total Net Assets	\$34,704,604	\$30,388,996	\$20,545,903
3	Hospital Change in Total Net Assets	\$10,936,202	(\$4,315,608)	(\$9,843,093)
4	Hospital Change in Total Net Assets %	146.0%	-12.4%	-32.4%
<b>D. <u>Cost Data Summary</u></b>				
1	<b><u>Ratio of Cost to Charges</u></b>	<b>0.38</b>	<b>0.39</b>	<b>0.43</b>
2	Total Operating Expenses	\$91,802,230	\$93,915,766	\$88,958,809
3	Total Gross Revenue	\$240,127,700	\$238,485,896	\$204,381,627
4	Total Other Operating Revenue	\$3,523,807	\$3,223,427	\$1,244,665
5	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.30</b>	<b>1.29</b>	<b>1.22</b>
6	Total Non-Government Payments	\$54,625,501	\$55,897,705	\$48,176,988

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
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REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
7	Total Uninsured Payments	\$274,542	\$419,722	\$175,360
8	Total Non-Government Charges	\$115,856,329	\$115,409,470	\$95,705,889
9	Total Uninsured Charges	\$5,009,190	\$4,700,302	\$4,470,510
10	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.64</b>	<b>0.65</b>	<b>0.62</b>
11	Total Medicare Payments	\$25,840,252	\$25,943,262	\$24,242,071
12	Total Medicare Charges	\$107,262,062	\$102,313,734	\$90,412,074
13	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.72</b>	<b>0.73</b>	<b>0.67</b>
14	Total Medicaid Payments	\$4,034,622	\$5,499,834	\$5,018,898
15	Total Medicaid Charges	\$14,877,902	\$19,398,000	\$17,409,883
16	<b><u>Uncompensated Care Cost</u></b>	<b>\$1,987,111</b>	<b>\$1,663,212</b>	<b>\$1,863,279</b>
17	Charity Care	\$2,208,785	\$1,734,591	\$1,181,756
18	Bad Debts	\$3,065,190	\$2,545,989	\$3,125,172
19	Total Uncompensated Care	\$5,273,975	\$4,280,580	\$4,306,928
20	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>2.2%</b>	<b>1.8%</b>	<b>2.1%</b>
21	Total Operating Expenses	\$91,802,230	\$93,915,766	\$88,958,809
<b>E. <u>Liquidity Measures Summary</u></b>				
1	<b><u>Current Ratio</u></b>	<b>1.68</b>	<b>1.42</b>	<b>1.01</b>
2	Total Current Assets	\$22,877,256	\$24,834,328	\$14,864,692
3	Total Current Liabilities	\$13,656,111	\$17,539,233	\$14,759,903
4	<b><u>Days Cash on Hand</u></b>	<b>30</b>	<b>44</b>	<b>16</b>
5	Cash and Cash Equivalents	\$6,859,877	\$10,710,102	\$3,717,748
6	Short Term Investments	198,805	0	0
7	Total Cash and Short Term Investments	\$7,058,682	\$10,710,102	\$3,717,748
8	Total Operating Expenses	\$91,802,230	\$93,915,766	\$88,958,809
9	Depreciation Expense	\$5,437,648	\$5,689,580	\$5,511,455
10	Operating Expenses less Depreciation Expense	\$86,364,582	\$88,226,186	\$83,447,354
11	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>27.48</b>	<b>25.27</b>	<b>27.59</b>

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
12	Net Patient Accounts Receivable	\$ 10,247,728	\$ 10,457,444	\$ 8,601,320
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$3,618,869	\$4,184,788	\$2,461,714
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 6,628,859	\$ 6,272,656	\$ 6,139,606
16	Total Net Patient Revenue	\$88,045,146	\$ 90,588,107	\$ 81,236,073
17	<b><u>Average Payment Period</u></b>	<b>57.71</b>	<b>72.56</b>	<b>64.56</b>
18	Total Current Liabilities	\$13,656,111	\$17,539,233	\$14,759,903
19	Total Operating Expenses	\$91,802,230	\$93,915,766	\$88,958,809
20	Depreciation Expense	\$5,437,648	\$5,689,580	\$5,511,455
21	Total Operating Expenses less Depreciation Expense	\$86,364,582	\$88,226,186	\$83,447,354
<b>F. <u>Solvency Measures Summary</u></b>				
1	<b><u>Equity Financing Ratio</u></b>	<b>50.4</b>	<b>42.8</b>	<b>31.0</b>
2	Total Net Assets	\$34,704,604	\$30,388,996	\$20,545,903
3	Total Assets	\$68,919,291	\$70,984,854	\$66,374,764
4	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>27.3</b>	<b>23.2</b>	<b>(4.8)</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$190,247	(\$93,942)	(\$6,456,113)
6	Depreciation Expense	\$5,437,648	\$5,689,580	\$5,511,455
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,627,895	\$5,595,638	(\$944,658)
8	Total Current Liabilities	\$13,656,111	\$17,539,233	\$14,759,903
9	Total Long Term Debt	\$6,944,190	\$6,617,868	\$4,829,283
10	Total Current Liabilities and Total Long Term Debt	\$20,600,301	\$24,157,101	\$19,589,186
11	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>16.7</b>	<b>17.9</b>	<b>19.0</b>
12	Total Long Term Debt	\$6,944,190	\$6,617,868	\$4,829,283
13	Total Net Assets	\$34,704,604	\$30,388,996	\$20,545,903
14	Total Long Term Debt and Total Net Assets	\$41,648,794	\$37,006,864	\$25,375,186
15	<b><u>Debt Service Coverage Ratio</u></b>	<b>2.6</b>	<b>0.8</b>	<b>(0.7)</b>
16	Excess Revenues over Expenses	\$190,247	(\$93,942)	(\$6,456,113)
17	Interest Expense	\$538,204	\$482,517	\$391,263
18	Depreciation and Amortization Expense	\$5,437,648	\$5,689,580	\$5,511,455

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
19	Principal Payments	\$1,871,926	\$7,315,741	\$415,636
<b>G. Other Financial Ratios</b>				
20	<b>Average Age of Plant</b>	<b>12.1</b>	<b>12.6</b>	<b>13.7</b>
21	Accumulated Depreciation	\$65,927,031	\$71,638,392	\$75,751,426
22	Depreciation and Amortization Expense	\$5,437,648	\$5,689,580	\$5,511,455
<b>H. Utilization Measures Summary</b>				
1	Patient Days	9,382	9,347	8,537
2	Discharges	2,512	2,516	2,288
3	ALOS	3.7	3.7	3.7
4	Staffed Beds	30	29	27
5	Available Beds	-	95	95
6	Licensed Beds	95	95	95
6	Occupancy of Staffed Beds	85.7%	88.3%	86.6%
7	Occupancy of Available Beds	27.1%	27.0%	24.6%
8	Full Time Equivalent Employees	475.5	461.6	420.3
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	46.2%	46.4%	44.6%
2	Medicare Gross Revenue Payer Mix Percentage	44.7%	42.9%	44.2%
3	Medicaid Gross Revenue Payer Mix Percentage	6.2%	8.1%	8.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.7%	0.4%	0.2%
5	Uninsured Gross Revenue Payer Mix Percentage	2.1%	2.0%	2.2%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$110,847,139	\$110,709,168	\$91,235,379
9	Medicare Gross Revenue (Charges)	\$107,262,062	\$102,313,734	\$90,412,074
10	Medicaid Gross Revenue (Charges)	\$14,877,902	\$19,398,000	\$17,409,883
11	Other Medical Assistance Gross Revenue (Charges)	\$1,727,470	\$881,794	\$460,720
12	Uninsured Gross Revenue (Charges)	\$5,009,190	\$4,700,302	\$4,470,510
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$403,937	\$482,898	\$393,061
14	Total Gross Revenue (Charges)	\$240,127,700	\$238,485,896	\$204,381,627
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	64.0%	63.3%	61.8%

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
2	Medicare Net Revenue Payer Mix Percentage	30.4%	29.6%	31.2%
3	Medicaid Net Revenue Payer Mix Percentage	4.7%	6.3%	6.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.5%	0.3%	0.2%
5	Uninsured Net Revenue Payer Mix Percentage	0.3%	0.5%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$54,350,959	\$55,477,983	\$48,001,628
9	Medicare Net Revenue (Payments)	\$25,840,252	\$25,943,262	\$24,242,071
10	Medicaid Net Revenue (Payments)	\$4,034,622	\$5,499,834	\$5,018,898
11	Other Medical Assistance Net Revenue (Payments)	\$382,515	\$255,932	\$127,188
12	Uninsured Net Revenue (Payments)	\$274,542	\$419,722	\$175,360
13	CHAMPUS / TRICARE Net Revenue Payments)	\$97,060	\$111,854	\$101,107
14	Total Net Revenue (Payments)	\$84,979,950	\$87,708,587	\$77,666,252
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	1,057	1,068	888
2	Medicare	1,167	1,199	1,118
3	Medical Assistance	283	242	273
4	Medicaid	252	236	265
5	Other Medical Assistance	31	6	8
6	CHAMPUS / TRICARE	5	7	9
7	Uninsured (Included In Non-Government)	51	55	54
8	Total	2,512	2,516	2,288
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	1.161000	1.129000	1.038400
2	Medicare	1.534800	1.373900	1.339000
3	Medical Assistance	0.906998	0.879166	0.776461
4	Medicaid	0.820900	0.864900	0.777200
5	Other Medical Assistance	1.606900	1.440300	0.752000
6	CHAMPUS / TRICARE	0.874000	1.158600	0.778900
7	Uninsured (Included In Non-Government)	1.026900	0.877000	0.874600
8	Total Case Mix Index	1.305469	1.221759	1.153009
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	1,901	2,042	2,050
2	Emergency Room - Treated and Discharged	16,972	16,738	16,366
3	Total Emergency Room Visits	18,873	18,780	18,416

**NEW MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$209,501	\$352,540	\$143,039	68%
2	Inpatient Payments	\$62,295	\$119,112	\$56,817	91%
3	Outpatient Charges	\$237,464	\$614,679	\$377,215	159%
4	Outpatient Payments	\$56,349	\$128,847	\$72,498	129%
5	Discharges	6	15	9	150%
6	Patient Days	27	48	21	78%
7	Outpatient Visits (Excludes ED Visits)	71	162	91	128%
8	Emergency Department Outpatient Visits	16	41	25	156%
9	Emergency Department Inpatient Admissions	6	13	7	117%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$446,965</b>	<b>\$967,219</b>	<b>\$520,254</b>	<b>116%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$118,644</b>	<b>\$247,959</b>	<b>\$129,315</b>	<b>109%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$448,467	\$426,032	(\$22,435)	-5%
2	Inpatient Payments	\$133,352	\$143,943	\$10,591	8%
3	Outpatient Charges	\$701,885	\$1,511,026	\$809,141	115%
4	Outpatient Payments	\$166,553	\$316,737	\$150,184	90%
5	Discharges	11	15	4	36%
6	Patient Days	52	55	3	6%
7	Outpatient Visits (Excludes ED Visits)	476	418	(58)	-12%
8	Emergency Department Outpatient Visits	42	68	26	62%
9	Emergency Department Inpatient Admissions	7	8	1	14%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,150,352</b>	<b>\$1,937,058</b>	<b>\$786,706</b>	<b>68%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$299,905</b>	<b>\$460,680</b>	<b>\$160,775</b>	<b>54%</b>

**NEW MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$38,197	\$0	(\$38,197)	-100%
2	Inpatient Payments	\$11,358	\$0	(\$11,358)	-100%
3	Outpatient Charges	\$622,844	\$0	(\$622,844)	-100%
4	Outpatient Payments	\$147,797	\$0	(\$147,797)	-100%
5	Discharges	3	0	(3)	-100%
6	Patient Days	9	0	(9)	-100%
7	Outpatient Visits (Excludes ED Visits)	242	0	(242)	-100%
8	Emergency Department Outpatient Visits	19	0	(19)	-100%
9	Emergency Department Inpatient Admissions	3	0	(3)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$661,041</b>	<b>\$0</b>	<b>(\$661,041)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$159,155</b>	<b>\$0</b>	<b>(\$159,155)</b>	<b>-100%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$250,854	\$44,619	(\$206,235)	-82%
2	Inpatient Payments	\$74,591	\$15,076	(\$59,515)	-80%
3	Outpatient Charges	\$105,404	\$41,615	(\$63,789)	-61%
4	Outpatient Payments	\$25,012	\$8,723	(\$16,289)	-65%
5	Discharges	1	3	2	200%
6	Patient Days	95	8	(87)	-92%
7	Outpatient Visits (Excludes ED Visits)	39	22	(17)	-44%
8	Emergency Department Outpatient Visits	19	16	(3)	-16%
9	Emergency Department Inpatient Admissions	1	3	2	200%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$356,258</b>	<b>\$86,234</b>	<b>(\$270,024)</b>	<b>-76%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$99,603</b>	<b>\$23,799</b>	<b>(\$75,804)</b>	<b>-76%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$56,610	\$0	(\$56,610)	-100%
2	Inpatient Payments	\$16,833	\$0	(\$16,833)	-100%
3	Outpatient Charges	\$55,021	\$3,687	(\$51,334)	-93%
4	Outpatient Payments	\$13,056	\$773	(\$12,283)	-94%
5	Discharges	3	0	(3)	-100%
6	Patient Days	12	0	(12)	-100%
7	Outpatient Visits (Excludes ED Visits)	46	1	(45)	-98%
8	Emergency Department Outpatient Visits	5	3	(2)	-40%
9	Emergency Department Inpatient Admissions	3	0	(3)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$111,631</b>	<b>\$3,687</b>	<b>(\$107,944)</b>	<b>-97%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$29,889</b>	<b>\$773</b>	<b>(\$29,116)</b>	<b>-97%</b>



**NEW MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$1,760,343	\$2,150,514	\$390,171	22%
2	Inpatient Payments	\$523,438	\$726,591	\$203,153	39%
3	Outpatient Charges	\$2,177,388	\$2,642,634	\$465,246	21%
4	Outpatient Payments	\$516,682	\$553,943	\$37,261	7%
5	Discharges	50	56	6	12%
6	Patient Days	284	274	(10)	-4%
7	Outpatient Visits (Excludes ED Visits)	1,808	1,391	(417)	-23%
8	Emergency Department Outpatient Visits	90	100	10	11%
9	Emergency Department Inpatient Admissions	41	44	3	7%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,937,731</b>	<b>\$4,793,148</b>	<b>\$855,417</b>	<b>22%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,040,120</b>	<b>\$1,280,534</b>	<b>\$240,414</b>	<b>23%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$2,128	\$2,128	0%
4	Outpatient Payments	\$0	\$446	\$446	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	1	1	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$2,128</b>	<b>\$2,128</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$446</b>	<b>\$446</b>	<b>0%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$127,767	\$293,994	\$166,227	130%
2	Inpatient Payments	\$37,992	\$99,331	\$61,339	161%
3	Outpatient Charges	\$434,674	\$785,612	\$350,938	81%
4	Outpatient Payments	\$103,146	\$164,678	\$61,532	60%
5	Discharges	7	11	4	57%
6	Patient Days	15	33	18	120%
7	Outpatient Visits (Excludes ED Visits)	283	298	15	5%
8	Emergency Department Outpatient Visits	40	41	1	3%
9	Emergency Department Inpatient Admissions	7	8	1	14%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$562,441</b>	<b>\$1,079,606</b>	<b>\$517,165</b>	<b>92%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$141,138</b>	<b>\$264,009</b>	<b>\$122,871</b>	<b>87%</b>

**NEW MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$59,110	\$139,926	\$80,816	137%
2	Inpatient Payments	\$17,576	\$47,276	\$29,700	169%
3	Outpatient Charges	\$65,039	\$69,495	\$4,456	7%
4	Outpatient Payments	\$15,433	\$14,567	(\$866)	-6%
5	Discharges	2	2	0	0%
6	Patient Days	14	14	0	0%
7	Outpatient Visits (Excludes ED Visits)	36	15	(21)	-58%
8	Emergency Department Outpatient Visits	9	8	(1)	-11%
9	Emergency Department Inpatient Admissions	2	2	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$124,149</b>	<b>\$209,421</b>	<b>\$85,272</b>	<b>69%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$33,009</b>	<b>\$61,843</b>	<b>\$28,834</b>	<b>87%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**NEW MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$2,950,849</b>	<b>\$3,407,625</b>	<b>\$456,776</b>	<b>15%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$877,435</b>	<b>\$1,151,329</b>	<b>\$273,894</b>	<b>31%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$4,399,719</b>	<b>\$5,670,876</b>	<b>\$1,271,157</b>	<b>29%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$1,044,028</b>	<b>\$1,188,714</b>	<b>\$144,686</b>	<b>14%</b>
	<b>TOTAL DISCHARGES</b>	<b>83</b>	<b>102</b>	<b>19</b>	<b>23%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>508</b>	<b>432</b>	<b>(76)</b>	<b>-15%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>3,001</b>	<b>2,307</b>	<b>(694)</b>	<b>-23%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>240</b>	<b>278</b>	<b>38</b>	<b>16%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>70</b>	<b>78</b>	<b>8</b>	<b>11%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,350,568</b>	<b>\$9,078,501</b>	<b>\$1,727,933</b>	<b>24%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,921,463</b>	<b>\$2,340,043</b>	<b>\$418,580</b>	<b>22%</b>

**NEW MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$617,060	\$140,507	(\$476,553)	-77%
2	Inpatient Payments	\$218,688	\$53,200	(\$165,488)	-76%
3	Outpatient Charges	\$3,695,676	\$793,624	(\$2,902,052)	-79%
4	Outpatient Payments	\$1,061,918	\$189,239	(\$872,679)	-82%
5	Discharges	72	8	(64)	-89%
6	Patient Days	168	26	(142)	-85%
7	Outpatient Visits (Excludes ED Visits)	2,118	580	(1,538)	-73%
8	Emergency Department Outpatient Visits	1,194	308	(886)	-74%
9	Emergency Department Inpatient Admissions	12	3	(9)	-75%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,312,736</b>	<b>\$934,131</b>	<b>(\$3,378,605)</b>	<b>-78%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,280,606</b>	<b>\$242,439</b>	<b>(\$1,038,167)</b>	<b>-81%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**NEW MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D.</b>	<b>OTHER MEDICAID MANAGED CARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E.</b>	<b>WELLCARE OF CONNECTICUT</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F.</b>	<b>FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**NEW MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$147,087	\$63,035	(\$84,052)	-57%
2	Inpatient Payments	\$52,128	\$23,867	(\$28,261)	-54%
3	Outpatient Charges	\$322,618	\$145,871	(\$176,747)	-55%
4	Outpatient Payments	\$92,701	\$34,783	(\$57,918)	-62%
5	Discharges	18	7	(11)	-61%
6	Patient Days	50	16	(34)	-68%
7	Outpatient Visits (Excludes ED Visits)	188	73	(115)	-61%
8	Emergency Department Outpatient Visits	169	57	(112)	-66%
9	Emergency Department Inpatient Admissions	2	1	(1)	-50%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$469,705</b>	<b>\$208,906</b>	<b>(\$260,799)</b>	<b>-56%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$144,829</b>	<b>\$58,650</b>	<b>(\$86,179)</b>	<b>-60%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$537,101	\$176,789	(\$360,312)	-67%
2	Inpatient Payments	\$190,350	\$66,938	(\$123,412)	-65%
3	Outpatient Charges	\$2,228,918	\$522,700	(\$1,706,218)	-77%
4	Outpatient Payments	\$640,459	\$124,638	(\$515,821)	-81%
5	Discharges	46	14	(32)	-70%
6	Patient Days	129	36	(93)	-72%
7	Outpatient Visits (Excludes ED Visits)	1,291	273	(1,018)	-79%
8	Emergency Department Outpatient Visits	672	165	(507)	-75%
9	Emergency Department Inpatient Admissions	8	3	(5)	-63%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,766,019</b>	<b>\$699,489</b>	<b>(\$2,066,530)</b>	<b>-75%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$830,809</b>	<b>\$191,576</b>	<b>(\$639,233)</b>	<b>-77%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$1,301,248</b>	<b>\$380,331</b>	<b>(\$920,917)</b>	<b>-71%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$461,166</b>	<b>\$144,005</b>	<b>(\$317,161)</b>	<b>-69%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$6,247,212</b>	<b>\$1,462,195</b>	<b>(\$4,785,017)</b>	<b>-77%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$1,795,078</b>	<b>\$348,660</b>	<b>(\$1,446,418)</b>	<b>-81%</b>
	<b>TOTAL DISCHARGES</b>	<b>136</b>	<b>29</b>	<b>(107)</b>	<b>-79%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>347</b>	<b>78</b>	<b>(269)</b>	<b>-78%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>3,597</b>	<b>926</b>	<b>(2,671)</b>	<b>-74%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>2,035</b>	<b>530</b>	<b>(1,505)</b>	<b>-74%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>22</b>	<b>7</b>	<b>(15)</b>	<b>-68%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,548,460</b>	<b>\$1,842,526</b>	<b>(\$5,705,934)</b>	<b>-76%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,256,244</b>	<b>\$492,665</b>	<b>(\$1,763,579)</b>	<b>-78%</b>

**NEW MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$56,787,869	\$74,083,960	\$17,296,091	30%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$74,395,713	\$79,495,132	\$5,099,419	7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$2,780,279	\$2,100,896	(\$679,383)	-24%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$12,213,567	\$11,357,589	(\$855,978)	-7%
8	Prepaid Expenses	\$16,364,779	\$17,443,644	\$1,078,865	7%
9	Other Current Assets	\$1,768,111	\$3,008,962	\$1,240,851	70%
	<b>Total Current Assets</b>	<b>\$164,310,318</b>	<b>\$187,490,183</b>	<b>\$23,179,865</b>	<b>14%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$6,439,298	\$7,262,631	\$823,333	13%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$182,369,612	\$157,837,082	(\$24,532,530)	-13%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$188,808,910</b>	<b>\$165,099,713</b>	<b>(\$23,709,197)</b>	<b>-13%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$210,629,807	\$245,357,292	\$34,727,485	16%
7	Other Noncurrent Assets	\$25,794,210	\$27,793,776	\$1,999,566	8%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$627,841,143	\$663,576,198	\$35,735,055	6%
2	Less: Accumulated Depreciation	\$388,704,091	\$417,555,078	\$28,850,987	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$239,137,052</b>	<b>\$246,021,120</b>	<b>\$6,884,068</b>	<b>3%</b>
3	Construction in Progress	\$27,578,848	\$39,399,365	\$11,820,517	43%
	<b>Total Net Fixed Assets</b>	<b>\$266,715,900</b>	<b>\$285,420,485</b>	<b>\$18,704,585</b>	<b>7%</b>
	<b>Total Assets</b>	<b>\$856,259,145</b>	<b>\$911,161,449</b>	<b>\$54,902,304</b>	<b>6%</b>



WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. <b><u>LIABILITIES AND NET ASSETS</u></b>					
A. <b><u>Current Liabilities:</u></b>					
1	Accounts Payable and Accrued Expenses	\$41,087,673	\$34,549,615	(\$6,538,058)	-16%
2	Salaries, Wages and Payroll Taxes	\$28,131,050	\$33,802,144	\$5,671,094	20%
3	Due To Third Party Payers	\$15,337,343	\$12,492,073	(\$2,845,270)	-19%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$3,024,773	\$2,050,090	(\$974,683)	-32%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	<b>Total Current Liabilities</b>	<b>\$87,580,839</b>	<b>\$82,893,922</b>	<b>(\$4,686,917)</b>	<b>-5%</b>
B. <b><u>Long Term Debt:</u></b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$253,514,718	\$250,593,765	(\$2,920,953)	-1%
	<b>Total Long Term Debt</b>	<b>\$253,514,718</b>	<b>\$250,593,765</b>	<b>(\$2,920,953)</b>	<b>-1%</b>
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$166,759,146	\$233,799,181	\$67,040,035	40%
	<b>Total Long Term Liabilities</b>	<b>\$420,273,864</b>	<b>\$484,392,946</b>	<b>\$64,119,082</b>	<b>15%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. <b><u>Net Assets:</u></b>					
1	Unrestricted Net Assets or Equity	\$286,369,831	\$277,089,185	(\$9,280,646)	-3%
2	Temporarily Restricted Net Assets	\$30,149,404	\$33,826,104	\$3,676,700	12%
3	Permanently Restricted Net Assets	\$31,885,207	\$32,959,292	\$1,074,085	3%
	<b>Total Net Assets</b>	<b>\$348,404,442</b>	<b>\$343,874,581</b>	<b>(\$4,529,861)</b>	<b>-1%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$856,259,145</b>	<b>\$911,161,449</b>	<b>\$54,902,304</b>	<b>6%</b>

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,620,897,693	\$1,649,794,278	\$28,896,585	2%
2	Less: Allowances	\$884,704,840	\$895,739,602	\$11,034,762	1%
3	Less: Charity Care	\$15,667,675	\$17,133,307	\$1,465,632	9%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$720,525,178</b>	<b>\$736,921,369</b>	<b>\$16,396,191</b>	<b>2%</b>
5	Other Operating Revenue	\$14,009,110	\$26,582,697	\$12,573,587	90%
6	Net Assets Released from Restrictions	\$3,167,079	\$3,324,588	\$157,509	5%
	<b>Total Operating Revenue</b>	<b>\$737,701,367</b>	<b>\$766,828,654</b>	<b>\$29,127,287</b>	<b>4%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$458,708,798	\$351,374,481	(\$107,334,317)	-23%
2	Fringe Benefits	\$0	\$105,429,884	\$105,429,884	0%
3	Physicians Fees	\$0	\$6,170,979	\$6,170,979	0%
4	Supplies and Drugs	\$0	\$192,464,356	\$192,464,356	0%
5	Depreciation and Amortization	\$36,236,656	\$39,029,252	\$2,792,596	8%
6	Bad Debts	\$26,465,527	\$24,771,952	(\$1,693,575)	-6%
7	Interest	\$5,333,933	\$4,322,562	(\$1,011,371)	-19%
8	Malpractice	\$0	\$11,680,311	\$11,680,311	0%
9	Other Operating Expenses	\$219,356,406	\$13,721,517	(\$205,634,889)	-94%
	<b>Total Operating Expenses</b>	<b>\$746,101,320</b>	<b>\$748,965,294</b>	<b>\$2,863,974</b>	<b>0%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$8,399,953)</b>	<b>\$17,863,360</b>	<b>\$26,263,313</b>	<b>-313%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$9,355,429	\$2,445,895	(\$6,909,534)	-74%
2	Gifts, Contributions and Donations	\$3,166,972	\$1,936,206	(\$1,230,766)	-39%
3	Other Non-Operating Gains/(Losses)	(\$6,929,617)	\$20,266,992	\$27,196,609	-392%
	<b>Total Non-Operating Revenue</b>	<b>\$5,592,784</b>	<b>\$24,649,093</b>	<b>\$19,056,309</b>	<b>341%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$2,807,169)</b>	<b>\$42,512,453</b>	<b>\$45,319,622</b>	<b>-1614%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$2,807,169)</b>	<b>\$42,512,453</b>	<b>\$45,319,622</b>	<b>-1614%</b>

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$606,865,978	\$720,525,178	\$736,921,369
2	Other Operating Revenue	18,085,423	17,176,189	29,907,285
3	Total Operating Revenue	\$624,951,401	\$737,701,367	\$766,828,654
4	Total Operating Expenses	603,204,688	746,101,320	748,965,294
5	Income/(Loss) From Operations	\$21,746,713	(\$8,399,953)	\$17,863,360
6	Total Non-Operating Revenue	21,814,720	5,592,784	24,649,093
7	Excess/(Deficiency) of Revenue Over Expenses	\$43,561,433	(\$2,807,169)	\$42,512,453
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	3.36%	-1.13%	2.26%
2	Parent Corporation Non-Operating Margin	3.37%	0.75%	3.11%
3	Parent Corporation Total Margin	6.74%	-0.38%	5.37%
4	Income/(Loss) From Operations	\$21,746,713	(\$8,399,953)	\$17,863,360
5	Total Operating Revenue	\$624,951,401	\$737,701,367	\$766,828,654
6	Total Non-Operating Revenue	\$21,814,720	\$5,592,784	\$24,649,093
7	Total Revenue	\$646,766,121	\$743,294,151	\$791,477,747
8	Excess/(Deficiency) of Revenue Over Expenses	\$43,561,433	(\$2,807,169)	\$42,512,453
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$246,220,345	\$286,369,831	\$277,089,185
2	Parent Corporation Total Net Assets	\$311,713,268	\$348,404,442	\$343,874,581
3	Parent Corporation Change in Total Net Assets	\$287,944,866	\$36,691,174	(\$4,529,861)
4	Parent Corporation Change in Total Net Assets %	1311.5%	11.8%	-1.3%

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.39	1.88	2.26
2	Total Current Assets	\$149,502,503	\$164,310,318	\$187,490,183
3	Total Current Liabilities	\$107,542,940	\$87,580,839	\$82,893,922
4	<u>Days Cash on Hand</u>	26	29	38
5	Cash and Cash Equivalents	\$41,061,454	\$56,787,869	\$74,083,960
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$41,061,454	\$56,787,869	\$74,083,960
8	Total Operating Expenses	\$603,204,688	\$746,101,320	\$748,965,294
9	Depreciation Expense	\$33,299,043	\$36,236,656	\$39,029,252
10	Operating Expenses less Depreciation Expense	\$569,905,645	\$709,864,664	\$709,936,042
11	<u>Days Revenue in Patient Accounts Receivable</u>	31	30	33
12	Net Patient Accounts Receivable	\$ 66,087,968	\$ 74,395,713	\$ 79,495,132
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$14,882,325	\$15,337,343	\$12,492,073
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 51,205,643	\$ 59,058,370	\$ 67,003,059
16	Total Net Patient Revenue	\$606,865,978	\$720,525,178	\$736,921,369
17	<u>Average Payment Period</u>	69	45	43
18	Total Current Liabilities	\$107,542,940	\$87,580,839	\$82,893,922
19	Total Operating Expenses	\$603,204,688	\$746,101,320	\$748,965,294
20	Depreciation Expense	\$33,299,043	\$36,236,656	\$39,029,252
21	Total Operating Expenses less Depreciation Expense	\$569,905,645	\$709,864,664	\$709,936,042

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	44.6	40.7	37.7
2	Total Net Assets	\$311,713,268	\$348,404,442	\$343,874,581
3	Total Assets	\$699,547,652	\$856,259,145	\$911,161,449
4	<u>Cash Flow to Total Debt Ratio</u>	38.4	9.8	24.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$43,561,433	(\$2,807,169)	\$42,512,453
6	Depreciation Expense	\$33,299,043	\$36,236,656	\$39,029,252
7	Excess of Revenues Over Expenses and Depreciation Expense	\$76,860,476	\$33,429,487	\$81,541,705
8	Total Current Liabilities	\$107,542,940	\$87,580,839	\$82,893,922
9	Total Long Term Debt	\$92,471,763	\$253,514,718	\$250,593,765
10	Total Current Liabilities and Total Long Term Debt	\$200,014,703	\$341,095,557	\$333,487,687
11	<u>Long Term Debt to Capitalization Ratio</u>	22.9	42.1	42.2
12	Total Long Term Debt	\$92,471,763	\$253,514,718	\$250,593,765
13	Total Net Assets	\$311,713,268	\$348,404,442	\$343,874,581
14	Total Long Term Debt and Total Net Assets	\$404,185,031	\$601,919,160	\$594,468,346

NEW MILFORD HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2012								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	6,266	1,799	1,801	18	63	95.4%	27.2%
2	ICU/CCU (Excludes Neonatal ICU)	965	151	0	4	8	66.1%	33.0%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL PSYCHIATRIC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	676	245	243	3	8	61.7%	23.2%
7	Newborn	629	243	242	2	10	86.2%	17.2%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	1	1	1	0	6	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>7,908</b>	<b>2,045</b>	<b>2,045</b>	<b>25</b>	<b>85</b>	<b>86.7%</b>	<b>25.5%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>8,537</b>	<b>2,288</b>	<b>2,287</b>	<b>27</b>	<b>95</b>	<b>86.6%</b>	<b>24.6%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>8,537</b>	<b>2,288</b>	<b>2,287</b>	<b>27</b>	<b>95</b>	<b>86.6%</b>	<b>24.6%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>9,347</b>	<b>2,516</b>	<b>2,250</b>	<b>29</b>	<b>95</b>	<b>88.3%</b>	<b>27.0%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-810</b>	<b>-228</b>	<b>37</b>	<b>-2</b>	<b>0</b>	<b>-1.7%</b>	<b>-2.3%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-9%</b>	<b>-9%</b>	<b>2%</b>	<b>-7%</b>	<b>0%</b>	<b>-2%</b>	<b>-9%</b>
	Total Licensed Beds and Bassinets	95						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A.</b>	<b>CT Scans (A)</b>				
1	Inpatient Scans	889	766	-123	-14%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,264	2,824	-440	-13%
3	Emergency Department Scans	1,987	1,729	-258	-13%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>6,140</b>	<b>5,319</b>	<b>-821</b>	<b>-13%</b>
<b>B.</b>	<b>MRI Scans (A)</b>				
1	Inpatient Scans	144	114	-30	-21%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,740	2,778	38	1%
3	Emergency Department Scans	27	24	-3	-11%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>2,911</b>	<b>2,916</b>	<b>5</b>	<b>0%</b>
<b>C.</b>	<b>PET Scans (A)</b>				
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D.</b>	<b>PET/CT Scans (A)</b>				
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	165	122	-43	-26%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>165</b>	<b>122</b>	<b>-43</b>	<b>-26%</b>
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
<b>E.</b>	<b>Linear Accelerator Procedures</b>				
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F.</b>	<b>Cardiac Catheterization Procedures</b>				
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Cardiac Catheterization Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>G.</b>	<b>Cardiac Angioplasty Procedures</b>				
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H.</b>	<b>Electrophysiology Studies</b>				
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I.</b>	<b>Surgical Procedures</b>				
1	Inpatient Surgical Procedures	785	621	-164	-21%
2	Outpatient Surgical Procedures	2,268	2,116	-152	-7%
	<b>Total Surgical Procedures</b>	<b>3,053</b>	<b>2,737</b>	<b>-316</b>	<b>-10%</b>
<b>J.</b>	<b>Endoscopy Procedures</b>				

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	74	89	15	20%
2	Outpatient Endoscopy Procedures	2,064	2,110	46	2%
	<b>Total Endoscopy Procedures</b>	<b>2,138</b>	<b>2,199</b>	<b>61</b>	<b>3%</b>
<b>K.</b>	<b><u>Hospital Emergency Room Visits</u></b>				
1	Emergency Room Visits: Treated and Admitted	2,042	2,050	8	0%
2	Emergency Room Visits: Treated and Discharged	16,738	16,366	-372	-2%
	<b>Total Emergency Room Visits</b>	<b>18,780</b>	<b>18,416</b>	<b>-364</b>	<b>-2%</b>
<b>L.</b>	<b><u>Hospital Clinic Visits</u></b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	6,845	6,875	30	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>6,845</b>	<b>6,875</b>	<b>30</b>	<b>0%</b>
<b>M.</b>	<b><u>Other Hospital Outpatient Visits</u></b>				
1	Rehabilitation (PT/OT/ST)	652	465	-187	-29%
2	Cardiology	882	914	32	4%
3	Chemotherapy	1,612	1,048	-564	-35%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	77,740	45,169	-32,571	-42%
	<b>Total Other Hospital Outpatient Visits</b>	<b>80,886</b>	<b>47,596</b>	<b>-33,290</b>	<b>-41%</b>
<b>N.</b>	<b><u>Hospital Full Time Equivalent Employees</u></b>				
1	Total Nursing FTEs	137.2	129.1	-8.1	-6%
2	Total Physician FTEs	19.0	3.8	-15.2	-80%
3	Total Non-Nursing and Non-Physician FTEs	305.4	287.4	-18.0	-6%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>461.6</b>	<b>420.3</b>	<b>-41.3</b>	<b>-9%</b>



NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>A.</b>	<b><u>Outpatient Surgical Procedures</u></b>				
1	The New Milford Hospital Inc	2,268	2,116	-152	-7%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>2,268</b>	<b>2,116</b>	<b>-152</b>	<b>-7%</b>
<b>B.</b>	<b><u>Outpatient Endoscopy Procedures</u></b>				
1	The New Milford Hospital Inc	2,064	2,110	46	2%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,064</b>	<b>2,110</b>	<b>46</b>	<b>2%</b>
<b>C.</b>	<b><u>Outpatient Hospital Emergency Room Visits</u></b>				
1	The New Milford Hospital Inc	16,738	16,366	-372	-2%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>16,738</b>	<b>16,366</b>	<b>-372</b>	<b>-2%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>I.</b>	<b><u>DATA BY MAJOR PAYER CATEGORY</u></b>				
<b>A.</b>	<b><u>MEDICARE</u></b>				
	<b><u>MEDICARE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$38,481,431	\$34,382,207	(\$4,099,224)	-11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$12,616,044	\$11,308,714	(\$1,307,330)	-10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.78%	32.89%	0.11%	0%
4	DISCHARGES	1,199	1,118	(81)	-7%
5	CASE MIX INDEX (CMI)	1.37390	1.33900	(0.03490)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,647.30610	1,497.00200	(150.30410)	-9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,658.59	\$7,554.24	(\$104.35)	-1%
8	PATIENT DAYS	5,368	4,985	(383)	-7%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,350.23	\$2,268.55	(\$81.68)	-3%
10	AVERAGE LENGTH OF STAY	4.5	4.5	(0.0)	0%
	<b><u>MEDICARE OUTPATIENT</u></b>				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$63,832,303	\$56,029,867	(\$7,802,436)	-12%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$13,327,218	\$12,933,357	(\$393,861)	-3%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.88%	23.08%	2.20%	11%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	165.88%	162.96%	-2.92%	-2%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,988.87955	1,821.91304	(166.96651)	-8%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,700.87	\$7,098.78	\$397.91	6%
	<b><u>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
17	TOTAL ACCRUED CHARGES	\$102,313,734	\$90,412,074	(\$11,901,660)	-12%
18	TOTAL ACCRUED PAYMENTS	\$25,943,262	\$24,242,071	(\$1,701,191)	-7%
19	TOTAL ALLOWANCES	\$76,370,472	\$66,170,003	(\$10,200,469)	-13%

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>B.</b>	<b><u>NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</u></b>				
	<b><u>NON-GOVERNMENT INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$23,894,322	\$18,128,253	(\$5,766,069)	-24%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,028,493	\$7,957,745	(\$2,070,748)	-21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.97%	43.90%	1.93%	5%
4	DISCHARGES	1,068	888	(180)	-17%
5	CASE MIX INDEX (CMI)	1.12900	1.03840	(0.09060)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,205.77200	922.09920	(283.67280)	-24%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,317.07	\$8,630.03	\$312.96	4%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$658.48)	(\$1,075.79)	(\$417.31)	63%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$793,978)	(\$991,985)	(\$198,007)	25%
10	PATIENT DAYS	3,049	2,625	(424)	-14%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,289.11	\$3,031.52	(\$257.59)	-8%
12	AVERAGE LENGTH OF STAY	2.9	3.0	0.1	4%
	<b><u>NON-GOVERNMENT OUTPATIENT</u></b>				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$91,515,148	\$77,577,636	(\$13,937,512)	-15%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$45,869,212	\$40,219,243	(\$5,649,969)	-12%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	50.12%	51.84%	1.72%	3%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	383.00%	427.94%	44.94%	12%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,090.43530	3,800.08712	(290.34817)	-7%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,213.77	\$10,583.77	(\$630.00)	-6%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$4,512.91)	(\$3,484.99)	\$1,027.92	-23%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$18,459,748)	(\$13,243,266)	\$5,216,481	-28%
	<b><u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u></b>				
21	TOTAL ACCRUED CHARGES	\$115,409,470	\$95,705,889	(\$19,703,581)	-17%
22	TOTAL ACCRUED PAYMENTS	\$55,897,705	\$48,176,988	(\$7,720,717)	-14%
23	TOTAL ALLOWANCES	\$59,511,765	\$47,528,901	(\$11,982,864)	-20%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$19,253,726)	(\$14,235,252)	\$5,018,474	-26%
	<b><u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u></b>				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$110,709,168	\$91,235,379	(\$19,473,789)	-18%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$55,477,982	\$48,013,405	(\$7,464,577)	-13%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$55,231,186	\$43,221,974	(\$12,009,212)	-22%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.89%	47.37%	-2.51%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>C.</b>	<b>UNINSURED</b>				
	<b>UNINSURED INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$817,818	\$853,569	\$35,751	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$73,029	\$33,482	(\$39,547)	-54%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	8.93%	3.92%	-5.01%	-56%
4	DISCHARGES	55	54	(1)	-2%
5	CASE MIX INDEX (CMI)	0.87700	0.87460	(0.00240)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	48.23500	47.22840	(1.00660)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,514.03	\$708.94	(\$805.09)	-53%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,803.05	\$7,921.09	\$1,118.05	16%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,144.57	\$6,845.30	\$700.74	11%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$296,383	\$323,293	\$26,910	9%
11	PATIENT DAYS	143	165	22	15%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$510.69	\$202.92	(\$307.77)	-60%
13	AVERAGE LENGTH OF STAY	2.6	3.1	0.5	18%
	<b>UNINSURED OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,882,484	\$3,616,941	(\$265,543)	-7%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$346,693	\$141,878	(\$204,815)	-59%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	8.93%	3.92%	-5.01%	-56%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	474.74%	423.74%	-50.99%	-11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	261.10531	228.82135	(32.28395)	-12%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,327.79	\$620.04	(\$707.75)	-53%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$9,885.98	\$9,963.73	\$77.75	1%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,373.08	\$6,478.74	\$1,105.66	21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,402,939	\$1,482,474	\$79,535	6%
	<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$4,700,302	\$4,470,510	(\$229,792)	-5%
24	TOTAL ACCRUED PAYMENTS	\$419,722	\$175,360	(\$244,362)	-58%
25	TOTAL ALLOWANCES	\$4,280,580	\$4,295,150	\$14,570	0%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,699,322	\$1,805,767	\$106,445	6%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>D.</b>	<b><u>STATE OF CONNECTICUT MEDICAID</u></b>				
	<b><u>MEDICAID INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$4,404,387	\$4,417,970	\$13,583	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,436,686	\$1,749,046	\$312,360	22%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.62%	39.59%	6.97%	21%
4	DISCHARGES	236	265	29	12%
5	CASE MIX INDEX (CMI)	0.86490	0.77720	(0.08770)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	204.11640	205.95800	1.84160	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,038.56	\$8,492.25	\$1,453.68	21%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,278.51	\$137.79	(\$1,140.72)	-89%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$620.03	(\$938.00)	(\$1,558.03)	-251%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$126,558	(\$193,190)	(\$319,748)	-253%
11	PATIENT DAYS	836	889	53	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,718.52	\$1,967.43	\$248.91	14%
13	AVERAGE LENGTH OF STAY	3.5	3.4	(0.2)	-5%
	<b><u>MEDICAID OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$14,993,613	\$12,991,913	(\$2,001,700)	-13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,063,148	\$3,269,852	(\$793,296)	-20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.10%	25.17%	-1.93%	-7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	340.42%	294.07%	-46.35%	-14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	803.40185	779.28482	(24.11703)	-3%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,057.43	\$4,195.97	(\$861.46)	-17%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,156.34	\$6,387.80	\$231.46	4%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,643.44	\$2,902.81	\$1,259.38	77%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,320,341	\$2,262,118	\$941,777	71%
	<b><u>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$19,398,000	\$17,409,883	(\$1,988,117)	-10%
24	TOTAL ACCRUED PAYMENTS	\$5,499,834	\$5,018,898	(\$480,936)	-9%
25	TOTAL ALLOWANCES	\$13,898,166	\$12,390,985	(\$1,507,181)	-11%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,446,899	\$2,068,929	\$622,029	43%

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LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b><u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u></b>				
	<b><u>OTHER MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$495,349	\$72,562	(\$422,787)	-85%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$155,721	\$28,844	(\$126,877)	-81%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.44%	39.75%	8.31%	26%
4	DISCHARGES	6	8	2	33%
5	CASE MIX INDEX (CMI)	1.44030	0.75200	(0.68830)	-48%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8.64180	6.01600	(2.62580)	-30%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$18,019.51	\$4,794.55	(\$13,224.96)	-73%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	(\$9,702.44)	\$3,835.48	\$13,537.92	-140%
9	MEDICARE - O.M.A. IP PMT / CMAD	(\$10,360.92)	\$2,759.69	\$13,120.61	-127%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$89,537)	\$16,602	\$106,139	-119%
11	PATIENT DAYS	63	11	(52)	-83%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,471.76	\$2,622.18	\$150.42	6%
13	AVERAGE LENGTH OF STAY	10.5	1.4	(9.1)	-87%
	<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$386,445	\$388,158	\$1,713	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$100,211	\$98,344	(\$1,867)	-2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.93%	25.34%	-0.60%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	78.01%	534.93%	456.92%	586%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4.68088	42.79463	38.11375	814%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$21,408.57	\$2,298.05	(\$19,110.53)	-89%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	(\$10,194.80)	\$8,285.72	\$18,480.52	-181%
21	MEDICARE - O.M.A. OP PMT / CMAD	(\$14,707.71)	\$4,800.73	\$19,508.44	-133%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$68,845)	\$205,446	\$274,291	-398%
	<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$881,794	\$460,720	(\$421,074)	-48%
24	TOTAL ACCRUED PAYMENTS	\$255,932	\$127,188	(\$128,744)	-50%
25	TOTAL ALLOWANCES	\$625,862	\$333,532	(\$292,330)	-47%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	(\$158,382)	\$222,048	\$380,430	-240%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>F.</b>	<b><u>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</u></b>				
	<b><u>TOTAL MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$4,899,736	\$4,490,532	(\$409,204)	-8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,592,407	\$1,777,890	\$185,483	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.50%	39.59%	7.09%	22%
4	DISCHARGES	242	273	31	13%
5	CASE MIX INDEX (CMI)	0.87917	0.77646	(0.10270)	-12%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	212.75820	211.97400	(0.78420)	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,484.59	\$8,387.30	\$902.72	12%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$832.49	\$242.73	(\$589.76)	-71%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$174.01	(\$833.06)	(\$1,007.07)	-579%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$37,021	(\$176,587)	(\$213,608)	-577%
11	PATIENT DAYS	899	900	1	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,771.31	\$1,975.43	\$204.12	12%
13	AVERAGE LENGTH OF STAY	3.7	3.3	(0.4)	-11%
	<b><u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$15,380,058	\$13,380,071	(\$1,999,987)	-13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,163,359	\$3,368,196	(\$795,163)	-19%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.07%	25.17%	-1.90%	-7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	313.90%	297.96%	-15.93%	-5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	808.08273	822.07945	13.99672	2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,152.14	\$4,097.17	(\$1,054.98)	-20%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,061.63	\$6,486.60	\$424.97	7%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,548.72	\$3,001.61	\$1,452.89	94%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,251,496	\$2,467,564	\$1,216,068	97%
	<b><u>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$20,279,794	\$17,870,603	(\$2,409,191)	-12%
24	TOTAL ACCRUED PAYMENTS	\$5,755,766	\$5,146,086	(\$609,680)	-11%
25	TOTAL ALLOWANCES	\$14,524,028	\$12,724,517	(\$1,799,511)	-12%

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<b>G.</b>	<b><u>CHAMPUS / TRICARE</u></b>				
	<b><u>CHAMPUS / TRICARE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$206,461	\$108,538	(\$97,923)	-47%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$41,553	\$35,808	(\$5,745)	-14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.13%	32.99%	12.86%	64%
4	DISCHARGES	7	9	2	29%
5	CASE MIX INDEX (CMI)	1.15860	0.77890	(0.37970)	-33%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8.11020	7.01010	(1.10010)	-14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,123.55	\$5,108.06	(\$15.49)	0%
8	PATIENT DAYS	31	27	(4)	-13%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,340.42	\$1,326.22	(\$14.20)	-1%
10	AVERAGE LENGTH OF STAY	4.4	3.0	(1.4)	-32%
	<b><u>CHAMPUS / TRICARE OUTPATIENT</u></b>				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$276,437	\$284,523	\$8,086	3%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$70,301	\$65,299	(\$5,002)	-7%
	<b><u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
13	TOTAL ACCRUED CHARGES	\$482,898	\$393,061	(\$89,837)	-19%
14	TOTAL ACCRUED PAYMENTS	\$111,854	\$101,107	(\$10,747)	-10%
15	TOTAL ALLOWANCES	\$371,044	\$291,954	(\$79,090)	-21%
<b>H.</b>	<b><u>OTHER DATA</u></b>				
1	OTHER OPERATING REVENUE	\$3,223,427	\$1,244,665	(\$1,978,762)	-61%
2	TOTAL OPERATING EXPENSES	\$93,915,766	\$88,958,809	(\$4,956,957)	-5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	<b><u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u></b>				
4	CHARITY CARE (CHARGES)	\$1,734,591	\$1,181,756	(\$552,835)	-32%
5	BAD DEBTS (CHARGES)	\$2,545,989	\$3,125,172	\$579,183	23%
6	UNCOMPENSATED CARE (CHARGES)	\$4,280,580	\$4,306,928	\$26,348	1%
7	COST OF UNCOMPENSATED CARE	\$1,574,280	\$1,603,253	\$28,973	2%
	<b><u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u></b>				
8	TOTAL ACCRUED CHARGES	\$20,279,794	\$17,870,603	(\$2,409,191)	-12%
9	TOTAL ACCRUED PAYMENTS	\$5,755,766	\$5,146,086	(\$609,680)	-11%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$7,458,353	\$6,652,328	(\$806,025)	-11%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,702,587	\$1,506,242	(\$196,345)	-12%



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<b>II.</b>	<b><u>AGGREGATE DATA</u></b>				
<b>A.</b>	<b><u>TOTALS - ALL PAYERS</u></b>				
1	TOTAL INPATIENT CHARGES	\$67,481,950	\$57,109,530	(\$10,372,420)	-15%
2	TOTAL INPATIENT PAYMENTS	\$24,278,497	\$21,080,157	(\$3,198,340)	-13%
3	TOTAL INPATIENT PAYMENTS / CHARGES	35.98%	36.91%	0.93%	3%
4	TOTAL DISCHARGES	2,516	2,288	(228)	-9%
5	TOTAL CASE MIX INDEX	1.22176	1.15301	(0.06875)	-6%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	3,073.94650	2,638.08530	(435.86120)	-14%
7	TOTAL OUTPATIENT CHARGES	\$171,003,946	\$147,272,097	(\$23,731,849)	-14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	253.41%	257.88%	4.47%	2%
9	TOTAL OUTPATIENT PAYMENTS	\$63,430,090	\$56,586,095	(\$6,843,995)	-11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.09%	38.42%	1.33%	4%
11	TOTAL CHARGES	\$238,485,896	\$204,381,627	(\$34,104,269)	-14%
12	TOTAL PAYMENTS	\$87,708,587	\$77,666,252	(\$10,042,335)	-11%
13	TOTAL PAYMENTS / TOTAL CHARGES	36.78%	38.00%	1.22%	3%
14	PATIENT DAYS	9,347	8,537	(810)	-9%
<b>B.</b>	<b><u>TOTALS - ALL GOVERNMENT PAYERS</u></b>				
1	INPATIENT CHARGES	\$43,587,628	\$38,981,277	(\$4,606,351)	-11%
2	INPATIENT PAYMENTS	\$14,250,004	\$13,122,412	(\$1,127,592)	-8%
3	GOVT. INPATIENT PAYMENTS / CHARGES	32.69%	33.66%	0.97%	3%
4	DISCHARGES	1,448	1,400	(48)	-3%
5	CASE MIX INDEX	1.29018	1.22570	(0.06447)	-5%
6	CASE MIX ADJUSTED DISCHARGES	1,868.17450	1,715.98610	(152.18840)	-8%
7	OUTPATIENT CHARGES	\$79,488,798	\$69,694,461	(\$9,794,337)	-12%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	182.37%	178.79%	-3.58%	-2%
9	OUTPATIENT PAYMENTS	\$17,560,878	\$16,366,852	(\$1,194,026)	-7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.09%	23.48%	1.39%	6%
11	TOTAL CHARGES	\$123,076,426	\$108,675,738	(\$14,400,688)	-12%
12	TOTAL PAYMENTS	\$31,810,882	\$29,489,264	(\$2,321,618)	-7%
13	TOTAL PAYMENTS / CHARGES	25.85%	27.14%	1.29%	5%
14	PATIENT DAYS	6,298	5,912	(386)	-6%
15	TOTAL GOVERNMENT DEDUCTIONS	\$91,265,544	\$79,186,474	(\$12,079,070)	-13%
<b>C.</b>	<b><u>AVERAGE LENGTH OF STAY</u></b>				
1	MEDICARE	4.5	4.5	(0.0)	0%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2.9	3.0	0.1	4%
3	UNINSURED	2.6	3.1	0.5	18%
4	MEDICAID	3.5	3.4	(0.2)	-5%
5	OTHER MEDICAL ASSISTANCE	10.5	1.4	(9.1)	-87%
6	CHAMPUS / TRICARE	4.4	3.0	(1.4)	-32%
7	TOTAL AVERAGE LENGTH OF STAY	3.7	3.7	0.0	0%

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<b>III.</b>	<b><u>DATA USED IN BASELINE UNDERPAYMENT CALCULATION</u></b>				
1	TOTAL CHARGES	\$238,485,896	\$204,381,627	(\$34,104,269)	-14%
2	TOTAL GOVERNMENT DEDUCTIONS	\$91,265,544	\$79,186,474	(\$12,079,070)	-13%
3	UNCOMPENSATED CARE	\$4,280,580	\$4,306,928	\$26,348	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$55,231,186	\$43,221,974	(\$12,009,212)	-22%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$1,585,231	\$1,585,231	0%
6	TOTAL ADJUSTMENTS	\$150,777,310	\$128,300,607	(\$22,476,703)	-15%
7	TOTAL ACCRUED PAYMENTS	\$87,708,586	\$76,081,020	(\$11,627,566)	-13%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMTS.	\$87,708,586	\$76,081,020	(\$11,627,566)	-13%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3677726334	0.3722498011	0.0044771677	1%
11	COST OF UNCOMPENSATED CARE	\$1,574,280	\$1,603,253	\$28,973	2%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,702,587	\$1,506,242	(\$196,345)	-12%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,276,867	\$3,109,496	(\$167,372)	-5%
<b>IV.</b>	<b><u>CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</u></b>				
1	MEDICAID	\$1,320,341	\$2,262,118	\$941,777	71%
2	OTHER MEDICAL ASSISTANCE	(\$158,382)	\$222,048	\$380,430	-240%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,699,322	\$1,805,767	\$106,445	6%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$2,861,281	\$4,289,933	\$1,428,652	50%
<b>V.</b>	<b><u>DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</u></b>				
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$2,704,607	\$2,704,607	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$2,879,520	\$3,569,821	\$690,301	23.97%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$90,588,107	\$81,236,073	(\$9,352,034)	-10.32%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$238,485,898	\$204,381,627	(\$34,104,271)	-14.30%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$850,055	\$428,820	(\$421,235)	-49.55%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$5,130,635	\$4,735,748	(\$394,887)	-7.70%

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>I.</b>	<b>ACCRUED CHARGES AND PAYMENTS</b>			
<b>A.</b>	<b>INPATIENT ACCRUED CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,894,322	\$18,128,253	(\$5,766,069)
2	MEDICARE	\$38,481,431	34,382,207	(\$4,099,224)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,899,736	4,490,532	(\$409,204)
4	MEDICAID	\$4,404,387	4,417,970	\$13,583
5	OTHER MEDICAL ASSISTANCE	\$495,349	72,562	(\$422,787)
6	CHAMPUS / TRICARE	\$206,461	108,538	(\$97,923)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$817,818	853,569	\$35,751
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$43,587,628</b>	<b>\$38,981,277</b>	<b>(\$4,606,351)</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$67,481,950</b>	<b>\$57,109,530</b>	<b>(\$10,372,420)</b>
<b>B.</b>	<b>OUTPATIENT ACCRUED CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,515,148	\$77,577,636	(\$13,937,512)
2	MEDICARE	\$63,832,303	56,029,867	(\$7,802,436)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$15,380,058	13,380,071	(\$1,999,987)
4	MEDICAID	\$14,993,613	12,991,913	(\$2,001,700)
5	OTHER MEDICAL ASSISTANCE	\$386,445	388,158	\$1,713
6	CHAMPUS / TRICARE	\$276,437	284,523	\$8,086
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,882,484	3,616,941	(\$265,543)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$79,488,798</b>	<b>\$69,694,461</b>	<b>(\$9,794,337)</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$171,003,946</b>	<b>\$147,272,097</b>	<b>(\$23,731,849)</b>
<b>C.</b>	<b>TOTAL ACCRUED CHARGES</b>			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$115,409,470	\$95,705,889	(\$19,703,581)
2	TOTAL MEDICARE	\$102,313,734	\$90,412,074	(\$11,901,660)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,279,794	\$17,870,603	(\$2,409,191)
4	TOTAL MEDICAID	\$19,398,000	\$17,409,883	(\$1,988,117)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$881,794	\$460,720	(\$421,074)
6	TOTAL CHAMPUS / TRICARE	\$482,898	\$393,061	(\$89,837)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,700,302	\$4,470,510	(\$229,792)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$123,076,426</b>	<b>\$108,675,738</b>	<b>(\$14,400,688)</b>
	<b>TOTAL CHARGES</b>	<b>\$238,485,896</b>	<b>\$204,381,627</b>	<b>(\$34,104,269)</b>
<b>D.</b>	<b>INPATIENT ACCRUED PAYMENTS</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,028,493	\$7,957,745	(\$2,070,748)
2	MEDICARE	\$12,616,044	11,308,714	(\$1,307,330)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,592,407	1,777,890	\$185,483
4	MEDICAID	\$1,436,686	1,749,046	\$312,360
5	OTHER MEDICAL ASSISTANCE	\$155,721	28,844	(\$126,877)
6	CHAMPUS / TRICARE	\$41,553	35,808	(\$5,745)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$73,029	33,482	(\$39,547)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$14,250,004</b>	<b>\$13,122,412</b>	<b>(\$1,127,592)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$24,278,497</b>	<b>\$21,080,157</b>	<b>(\$3,198,340)</b>
<b>E.</b>	<b>OUTPATIENT ACCRUED PAYMENTS</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$45,869,212	\$40,219,243	(\$5,649,969)
2	MEDICARE	\$13,327,218	12,933,357	(\$393,861)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,163,359	3,368,196	(\$795,163)
4	MEDICAID	\$4,063,148	3,269,852	(\$793,296)
5	OTHER MEDICAL ASSISTANCE	\$100,211	98,344	(\$1,867)
6	CHAMPUS / TRICARE	\$70,301	65,299	(\$5,002)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$346,693	141,878	(\$204,815)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$17,560,878</b>	<b>\$16,366,852</b>	<b>(\$1,194,026)</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$63,430,090</b>	<b>\$56,586,095</b>	<b>(\$6,843,995)</b>
<b>F.</b>	<b>TOTAL ACCRUED PAYMENTS</b>			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$55,897,705	\$48,176,988	(\$7,720,717)
2	TOTAL MEDICARE	\$25,943,262	\$24,242,071	(\$1,701,191)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,755,766	\$5,146,086	(\$609,680)
4	TOTAL MEDICAID	\$5,499,834	\$5,018,898	(\$480,936)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$255,932	\$127,188	(\$128,744)
6	TOTAL CHAMPUS / TRICARE	\$111,854	\$101,107	(\$10,747)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$419,722	\$175,360	(\$244,362)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$31,810,882</b>	<b>\$29,489,264</b>	<b>(\$2,321,618)</b>
	<b>TOTAL PAYMENTS</b>	<b>\$87,708,587</b>	<b>\$77,666,252</b>	<b>(\$10,042,335)</b>

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>II.</b>	<b><u>PAYER MIX</u></b>			
<b>A.</b>	<b><u>INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</u></b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10.02%	8.87%	-1.15%
2	MEDICARE	16.14%	16.82%	0.69%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.05%	2.20%	0.14%
4	MEDICAID	1.85%	2.16%	0.31%
5	OTHER MEDICAL ASSISTANCE	0.21%	0.04%	-0.17%
6	CHAMPUS / TRICARE	0.09%	0.05%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.34%	0.42%	0.07%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>18.28%</b>	<b>19.07%</b>	<b>0.80%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>28.30%</b>	<b>27.94%</b>	<b>-0.35%</b>
<b>B.</b>	<b><u>OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</u></b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	38.37%	37.96%	-0.42%
2	MEDICARE	26.77%	27.41%	0.65%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.45%	6.55%	0.10%
4	MEDICAID	6.29%	6.36%	0.07%
5	OTHER MEDICAL ASSISTANCE	0.16%	0.19%	0.03%
6	CHAMPUS / TRICARE	0.12%	0.14%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.63%	1.77%	0.14%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>33.33%</b>	<b>34.10%</b>	<b>0.77%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>71.70%</b>	<b>72.06%</b>	<b>0.35%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C.</b>	<b><u>INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</u></b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.43%	10.25%	-1.19%
2	MEDICARE	14.38%	14.56%	0.18%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.82%	2.29%	0.47%
4	MEDICAID	1.64%	2.25%	0.61%
5	OTHER MEDICAL ASSISTANCE	0.18%	0.04%	-0.14%
6	CHAMPUS / TRICARE	0.05%	0.05%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.08%	0.04%	-0.04%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>16.25%</b>	<b>16.90%</b>	<b>0.65%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>27.68%</b>	<b>27.14%</b>	<b>-0.54%</b>
<b>D.</b>	<b><u>OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</u></b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	52.30%	51.78%	-0.51%
2	MEDICARE	15.19%	16.65%	1.46%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.75%	4.34%	-0.41%
4	MEDICAID	4.63%	4.21%	-0.42%
5	OTHER MEDICAL ASSISTANCE	0.11%	0.13%	0.01%
6	CHAMPUS / TRICARE	0.08%	0.08%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.40%	0.18%	-0.21%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>20.02%</b>	<b>21.07%</b>	<b>1.05%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>72.32%</b>	<b>72.86%</b>	<b>0.54%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,068	888	(180)
2	MEDICARE	1,199	1,118	(81)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	242	273	31
4	MEDICAID	236	265	29
5	OTHER MEDICAL ASSISTANCE	6	8	2
6	CHAMPUS / TRICARE	7	9	2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	55	54	(1)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>1,448</b>	<b>1,400</b>	<b>(48)</b>
	<b>TOTAL DISCHARGES</b>	<b>2,516</b>	<b>2,288</b>	<b>(228)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,049	2,625	(424)
2	MEDICARE	5,368	4,985	(383)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	899	900	1
4	MEDICAID	836	889	53
5	OTHER MEDICAL ASSISTANCE	63	11	(52)
6	CHAMPUS / TRICARE	31	27	(4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	143	165	22
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>6,298</b>	<b>5,912</b>	<b>(386)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>9,347</b>	<b>8,537</b>	<b>(810)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2.9	3.0	0.1
2	MEDICARE	4.5	4.5	(0.0)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.7	3.3	(0.4)
4	MEDICAID	3.5	3.4	(0.2)
5	OTHER MEDICAL ASSISTANCE	10.5	1.4	(9.1)
6	CHAMPUS / TRICARE	4.4	3.0	(1.4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.6	3.1	0.5
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>4.3</b>	<b>4.2</b>	<b>(0.1)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>3.7</b>	<b>3.7</b>	<b>0.0</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.12900	1.03840	(0.09060)
2	MEDICARE	1.37390	1.33900	(0.03490)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.87917	0.77646	(0.10270)
4	MEDICAID	0.86490	0.77720	(0.08770)
5	OTHER MEDICAL ASSISTANCE	1.44030	0.75200	(0.68830)
6	CHAMPUS / TRICARE	1.15860	0.77890	(0.37970)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.87700	0.87460	(0.00240)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.29018</b>	<b>1.22570</b>	<b>(0.06447)</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.22176</b>	<b>1.15301</b>	<b>(0.06875)</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$110,709,168	\$91,235,379	(\$19,473,789)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$55,477,982	\$48,013,405	(\$7,464,577)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$55,231,186	\$43,221,974	(\$12,009,212)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.89%	47.37%	-2.51%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$2,704,607	\$2,704,607
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$1,585,231	\$1,585,231
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$1,734,591	\$1,181,756	(\$552,835)
9	BAD DEBTS	\$2,545,989	\$3,125,172	\$579,183
10	TOTAL UNCOMPENSATED CARE	\$4,280,580	\$4,306,928	\$26,348
11	TOTAL OTHER OPERATING REVENUE	\$110,709,168	\$91,235,379	(\$19,473,789)
12	TOTAL OPERATING EXPENSES	\$93,915,766	\$88,958,809	(\$4,956,957)

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>IV.</b>	<b>DSH UPPER PAYMENT LIMIT CALCULATIONS</b>			
<b>A.</b>	<b>CASE MIX ADJUSTED DISCHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,205.77200	922.09920	(283.67280)
2	MEDICARE	1,647.30610	1,497.00200	(150.30410)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	212.75820	211.97400	(0.78420)
4	MEDICAID	204.11640	205.95800	1.84160
5	OTHER MEDICAL ASSISTANCE	8.64180	6.01600	(2.62580)
6	CHAMPUS / TRICARE	8.11020	7.01010	(1.10010)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	48.23500	47.22840	(1.00660)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>1,868.17450</b>	<b>1,715.98610</b>	<b>(152.18840)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>3,073.94650</b>	<b>2,638.08530</b>	<b>(435.86120)</b>
<b>B.</b>	<b>OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,090.43530	3,800.08712	-290.34817
2	MEDICARE	1,988.87955	1,821.91304	-166.96651
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	808.08273	822.07945	13.99672
4	MEDICAID	803.40185	779.28482	-24.11703
5	OTHER MEDICAL ASSISTANCE	4.68088	42.79463	38.11375
6	CHAMPUS / TRICARE	9.37252	23.59272	14.22021
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	261.10531	228.82135	-32.28395
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>2,806.33480</b>	<b>2,667.58521</b>	<b>-138.74959</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>6,896.77010</b>	<b>6,467.67233</b>	<b>-429.09776</b>
<b>C.</b>	<b>INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,317.07	\$8,630.03	\$312.96
2	MEDICARE	\$7,658.59	\$7,554.24	(\$104.35)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,484.59	\$8,387.30	\$902.72
4	MEDICAID	\$7,038.56	\$8,492.25	\$1,453.68
5	OTHER MEDICAL ASSISTANCE	\$18,019.51	\$4,794.55	(\$13,224.96)
6	CHAMPUS / TRICARE	\$5,123.55	\$5,108.06	(\$15.49)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,514.03	\$708.94	(\$805.09)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,627.77</b>	<b>\$7,647.16</b>	<b>\$19.39</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,898.15</b>	<b>\$7,990.70</b>	<b>\$92.55</b>
<b>D.</b>	<b>OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,213.77	\$10,583.77	(\$630.00)
2	MEDICARE	\$6,700.87	\$7,098.78	\$397.91
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,152.14	\$4,097.17	(\$1,054.98)
4	MEDICAID	\$5,057.43	\$4,195.97	(\$861.46)
5	OTHER MEDICAL ASSISTANCE	\$21,408.57	\$2,298.05	(\$19,110.53)
6	CHAMPUS / TRICARE	\$7,500.76	\$2,767.76	(\$4,733.00)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,327.79	\$620.04	(\$707.75)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$6,257.58</b>	<b>\$6,135.46</b>	<b>(\$122.13)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$9,197.07</b>	<b>\$8,749.07</b>	<b>(\$448.01)</b>

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$1,320,341	\$2,262,118	\$941,777
2	OTHER MEDICAL ASSISTANCE	(\$158,382)	\$222,048	\$380,430
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,699,322	\$1,805,767	\$106,445
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$2,861,281</b>	<b>\$4,289,933</b>	<b>\$1,428,652</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$238,485,896	\$204,381,627	(\$34,104,269)
2	TOTAL GOVERNMENT DEDUCTIONS	\$91,265,544	\$79,186,474	(\$12,079,070)
3	UNCOMPENSATED CARE	\$4,280,580	\$4,306,928	\$26,348
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$55,231,186	\$43,221,974	(\$12,009,212)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$1,585,231	\$1,585,231
6	TOTAL ADJUSTMENTS	\$150,777,310	\$128,300,607	(\$22,476,703)
7	TOTAL ACCRUED PAYMENTS	\$87,708,586	\$76,081,020	(\$11,627,566)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$87,708,586	\$76,081,020	(\$11,627,566)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3677726334	0.3722498011	0.0044771677
11	COST OF UNCOMPENSATED CARE	\$1,574,280	\$1,603,253	\$28,973
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$1,702,587	\$1,506,242	(\$196,345)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,276,867	\$3,109,496	(\$167,372)
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	41.97%	43.90%	1.93%
2	MEDICARE	32.78%	32.89%	0.11%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32.50%	39.59%	7.09%
4	MEDICAID	32.62%	39.59%	6.97%
5	OTHER MEDICAL ASSISTANCE	31.44%	39.75%	8.31%
6	CHAMPUS / TRICARE	20.13%	32.99%	12.86%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8.93%	3.92%	-5.01%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>32.69%</b>	<b>33.66%</b>	<b>0.97%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>35.98%</b>	<b>36.91%</b>	<b>0.93%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	50.12%	51.84%	1.72%
2	MEDICARE	20.88%	23.08%	2.20%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.07%	25.17%	-1.90%
4	MEDICAID	27.10%	25.17%	-1.93%
5	OTHER MEDICAL ASSISTANCE	25.93%	25.34%	-0.60%
6	CHAMPUS / TRICARE	25.43%	22.95%	-2.48%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8.93%	3.92%	-5.01%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>22.09%</b>	<b>23.48%</b>	<b>1.39%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>37.09%</b>	<b>38.42%</b>	<b>1.33%</b>

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$87,708,587	\$77,666,252	(\$10,042,335)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$87,708,587</b>	<b>\$77,666,252</b>	<b>(\$10,042,335)</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,879,520	\$3,569,821	\$690,301
4	<b>CALCULATED NET REVENUE</b>	<b>\$90,588,107</b>	<b>\$81,236,073</b>	<b>(\$9,352,034)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$90,588,107	\$81,236,073	(\$9,352,034)
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$238,485,896	\$204,381,627	(\$34,104,269)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$238,485,896</b>	<b>\$204,381,627</b>	<b>(\$34,104,269)</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$238,485,898	\$204,381,627	(\$34,104,271)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$2)</b>	<b>\$0</b>	<b>\$2</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,280,580	\$4,306,928	\$26,348
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$850,055	\$428,820	(\$421,235)
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$5,130,635</b>	<b>\$4,735,748</b>	<b>(\$394,887)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$5,130,635	\$4,735,748	(\$394,887)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



<b>NEW MILFORD HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2012</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2012</b>
<b>I.</b>	<b>ACCRUED CHARGES AND PAYMENTS</b>	
<b>A.</b>	<b>INPATIENT ACCRUED CHARGES</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,128,253
2	MEDICARE	34,382,207
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,490,532
4	MEDICAID	4,417,970
5	OTHER MEDICAL ASSISTANCE	72,562
6	CHAMPUS / TRICARE	108,538
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	853,569
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$38,981,277</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$57,109,530</b>
<b>B.</b>	<b>OUTPATIENT ACCRUED CHARGES</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$77,577,636
2	MEDICARE	56,029,867
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,380,071
4	MEDICAID	12,991,913
5	OTHER MEDICAL ASSISTANCE	388,158
6	CHAMPUS / TRICARE	284,523
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,616,941
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$69,694,461</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$147,272,097</b>
<b>C.</b>	<b>TOTAL ACCRUED CHARGES</b>	
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$95,705,889
2	TOTAL GOVERNMENT ACCRUED CHARGES	108,675,738
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$204,381,627</b>
<b>D.</b>	<b>INPATIENT ACCRUED PAYMENTS</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,957,745
2	MEDICARE	11,308,714
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,777,890
4	MEDICAID	1,749,046
5	OTHER MEDICAL ASSISTANCE	28,844
6	CHAMPUS / TRICARE	35,808
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	33,482
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$13,122,412</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$21,080,157</b>
<b>E.</b>	<b>OUTPATIENT ACCRUED PAYMENTS</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$40,219,243
2	MEDICARE	12,933,357
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,368,196
4	MEDICAID	3,269,852
5	OTHER MEDICAL ASSISTANCE	98,344
6	CHAMPUS / TRICARE	65,299
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	141,878
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$16,366,852</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$56,586,095</b>
<b>F.</b>	<b>TOTAL ACCRUED PAYMENTS</b>	
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$48,176,988
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	29,489,264
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$77,666,252</b>

<b>NEW MILFORD HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2012</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2012</b>
<b>II.</b>	<b>ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>	
<b>A.</b>	<b>ACCRUED DISCHARGES</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	888
2	MEDICARE	1,118
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	273
4	MEDICAID	265
5	OTHER MEDICAL ASSISTANCE	8
6	CHAMPUS / TRICARE	9
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	54
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>1,400</b>
	<b>TOTAL DISCHARGES</b>	<b>2,288</b>
<b>B.</b>	<b>CASE MIX INDEX</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.03840
2	MEDICARE	1.33900
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.77646
4	MEDICAID	0.77720
5	OTHER MEDICAL ASSISTANCE	0.75200
6	CHAMPUS / TRICARE	0.77890
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.87460
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.22570</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.15301</b>
<b>C.</b>	<b>OTHER REQUIRED DATA</b>	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$91,235,379
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$48,013,405
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$43,221,974
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	47.37%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,704,607
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,585,231
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$1,181,756
9	BAD DEBTS	\$3,125,172
10	TOTAL UNCOMPENSATED CARE	\$4,306,928
11	TOTAL OTHER OPERATING REVENUE	\$1,244,665
12	TOTAL OPERATING EXPENSES	\$88,958,809

<b>NEW MILFORD HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2012</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2012</b>
<b>III.</b>	<b>NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>	
<b>A.</b>	<b>RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>	
1	TOTAL ACCRUED PAYMENTS	\$77,666,252
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$77,666,252</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,569,821
	<b>CALCULATED NET REVENUE</b>	<b>\$81,236,073</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$81,236,073
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B.</b>	<b>RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>	
1	OHCA DEFINED GROSS REVENUE	\$204,381,627
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$204,381,627</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$204,381,627
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C.</b>	<b>RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,306,928
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$428,820
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$4,735,748</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,735,748
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A.</b>	<b><u>Hospital Charity Care (from HRS Report 500)</u></b>				
1	Number of Applicants	114	127	13	11%
2	Number of Approved Applicants	110	115	5	5%
3	<b>Total Charges (A)</b>	\$1,734,591	\$1,181,756	(\$552,835)	-32%
4	<b>Average Charges</b>	<b>\$15,769</b>	<b>\$10,276</b>	<b>(\$5,493)</b>	<b>-35%</b>
5	Ratio of Cost to Charges (RCC)	0.376777	0.388548	0.011771	3%
6	<b>Total Cost</b>	<b>\$653,554</b>	<b>\$459,169</b>	<b>(\$194,385)</b>	<b>-30%</b>
7	<b>Average Cost</b>	<b>\$5,941</b>	<b>\$3,993</b>	<b>(\$1,949)</b>	<b>-33%</b>
8	Charity Care - Inpatient Charges	\$316,633	\$354,009	\$37,376	12%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,168,282	608,592	(559,690)	-48%
10	Charity Care - Emergency Department Charges	249,676	219,155	(30,521)	-12%
11	<b>Total Charges (A)</b>	<b>\$1,734,591</b>	<b>\$1,181,756</b>	<b>(\$552,835)</b>	<b>-32%</b>
12	Charity Care - Number of Patient Days	204	219	15	7%
13	Charity Care - Number of Discharges	64	70	6	9%
14	Charity Care - Number of Outpatient ED Visits	414	503	89	21%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	917	1,056	139	15%
<b>B.</b>	<b><u>Hospital Bad Debts (from HRS Report 500)</u></b>				
1	Bad Debts - Inpatient Services	\$720,413	\$873,254	\$152,841	21%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,741,296	2,158,382	417,086	24%
3	Bad Debts - Emergency Department	84,280	93,536	9,256	11%
4	<b>Total Bad Debts (A)</b>	<b>\$2,545,989</b>	<b>\$3,125,172</b>	<b>\$579,183</b>	<b>23%</b>
<b>C.</b>	<b><u>Hospital Uncompensated Care (from HRS Report 500)</u></b>				
1	Charity Care (A)	\$1,734,591	\$1,181,756	(\$552,835)	-32%
2	Bad Debts (A)	2,545,989	3,125,172	579,183	23%
3	<b>Total Uncompensated Care (A)</b>	<b>\$4,280,580</b>	<b>\$4,306,928</b>	<b>\$26,348</b>	<b>1%</b>
4	Uncompensated Care - Inpatient Services	\$1,037,046	\$1,227,263	\$190,217	18%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,909,578	2,766,974	(142,604)	-5%
6	Uncompensated Care - Emergency Department	333,956	312,691	(21,265)	-6%
7	<b>Total Uncompensated Care (A)</b>	<b>\$4,280,580</b>	<b>\$4,306,928</b>	<b>\$26,348</b>	<b>1%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,					
ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>NON-GOVERNMENT</u>	<u>NON-GOVERNMENT</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$110,709,168	\$91,235,379	(\$19,473,789)	-18%
2	Total Contractual Allowances	\$55,231,186	\$43,221,974	(\$12,009,212)	-22%
	<b>Total Accrued Payments (A)</b>	<b>\$55,477,982</b>	<b>\$48,013,405</b>	<b>(\$7,464,577)</b>	<b>-13%</b>
	<b>Total Discount Percentage</b>	<b>49.89%</b>	<b>47.37%</b>	<b>-2.51%</b>	<b>-5%</b>
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>	<u>ACTUAL FY 2012</u>
<b>A.</b>	<b><u>Gross and Net Revenue</u></b>			
1	Inpatient Gross Revenue	\$70,265,597	\$67,481,950	\$57,109,530
2	Outpatient Gross Revenue	\$169,862,103	\$171,003,946	\$147,272,097
3	Total Gross Patient Revenue	\$240,127,700	\$238,485,896	\$204,381,627
4	Net Patient Revenue	\$88,045,146	\$90,588,107	\$81,236,073
<b>B.</b>	<b><u>Total Operating Expenses</u></b>			
1	Total Operating Expense	\$91,802,230	\$93,915,766	\$88,958,809
<b>C.</b>	<b><u>Utilization Statistics</u></b>			
1	Patient Days	9,382	9,347	8,537
2	Discharges	2,512	2,516	2,288
3	Average Length of Stay	3.7	3.7	3.7
4	Equivalent (Adjusted) Patient Days (EPD)	32,062	33,033	30,552
0	Equivalent (Adjusted) Discharges (ED)	8,585	8,892	8,188
<b>D.</b>	<b><u>Case Mix Statistics</u></b>			
1	Case Mix Index	1.30547	1.22176	1.15301
2	Case Mix Adjusted Patient Days (CMAPD)	12,248	11,420	9,843
3	Case Mix Adjusted Discharges (CMAD)	3,279	3,074	2,638
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	41,856	40,358	35,227
5	Case Mix Adjusted Equivalent Discharges (CMAED)	11,207	10,864	9,441
<b>E.</b>	<b><u>Gross Revenue Per Statistic</u></b>			
1	Total Gross Revenue per Patient Day	\$25,595	\$25,515	\$23,941
2	Total Gross Revenue per Discharge	\$95,592	\$94,788	\$89,328
3	Total Gross Revenue per EPD	\$7,489	\$7,220	\$6,690
4	Total Gross Revenue per ED	\$27,972	\$26,821	\$24,960
5	Total Gross Revenue per CMAEPD	\$5,737	\$5,909	\$5,802
6	Total Gross Revenue per CMAED	\$21,427	\$21,953	\$21,648
7	Inpatient Gross Revenue per EPD	\$2,192	\$2,043	\$1,869
8	Inpatient Gross Revenue per ED	\$8,185	\$7,589	\$6,975

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>	<u>ACTUAL FY 2012</u>
<b>F.</b>	<b><u>Net Revenue Per Statistic</u></b>			
1	Net Patient Revenue per Patient Day	\$9,384	\$9,692	\$9,516
2	Net Patient Revenue per Discharge	\$35,050	\$36,005	\$35,505
3	Net Patient Revenue per EPD	\$2,746	\$2,742	\$2,659
4	Net Patient Revenue per ED	\$10,256	\$10,188	\$9,921
5	Net Patient Revenue per CMAEPD	\$2,104	\$2,245	\$2,306
6	Net Patient Revenue per CMAED	\$7,856	\$8,339	\$8,605
<b>G.</b>	<b><u>Operating Expense Per Statistic</u></b>			
1	Total Operating Expense per Patient Day	\$9,785	\$10,048	\$10,420
2	Total Operating Expense per Discharge	\$36,545	\$37,327	\$38,881
3	Total Operating Expense per EPD	\$2,863	\$2,843	\$2,912
4	Total Operating Expense per ED	\$10,694	\$10,562	\$10,864
5	Total Operating Expense per CMAEPD	\$2,193	\$2,327	\$2,525
6	Total Operating Expense per CMAED	\$8,192	\$8,645	\$9,423
<b>H.</b>	<b><u>Nursing Salary and Fringe Benefits Expense</u></b>			
1	Nursing Salary Expense	\$12,548,614	\$12,450,131	\$12,057,764
2	Nursing Fringe Benefits Expense	\$3,896,996	\$4,295,295	\$4,328,737
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$16,445,610</b>	<b>\$16,745,426</b>	<b>\$16,386,501</b>
<b>I.</b>	<b><u>Physician Salary and Fringe Expense</u></b>			
1	Physician Salary Expense	\$5,959,747	\$5,155,740	\$1,009,436
2	Physician Fringe Benefits Expense	\$1,850,811	\$1,778,730	\$362,388
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$7,810,558</b>	<b>\$6,934,470</b>	<b>\$1,371,824</b>
<b>J.</b>	<b><u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u></b>			
1	Non-Nursing, Non-Physician Salary Expense	\$19,144,523	\$21,255,462	\$20,222,169
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$5,945,367	\$7,317,723	\$7,254,980
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$25,089,890</b>	<b>\$28,573,185</b>	<b>\$27,477,149</b>
<b>K.</b>	<b><u>Total Salary and Fringe Benefits Expense</u></b>			
1	Total Salary Expense	\$37,652,884	\$38,861,333	\$33,289,369
2	Total Fringe Benefits Expense	\$11,693,174	\$13,391,748	\$11,946,105
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$49,346,058</b>	<b>\$52,253,081</b>	<b>\$45,235,474</b>

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>	<u>ACTUAL FY 2012</u>
<b>L.</b>	<b><u>Total Full Time Equivalent Employees (FTEs)</u></b>			
1	Total Nursing FTEs	145.8	137.2	129.1
2	Total Physician FTEs	24.2	19.0	3.8
3	Total Non-Nursing, Non-Physician FTEs	305.5	305.4	287.4
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>475.5</b>	<b>461.6</b>	<b>420.3</b>
<b>M.</b>	<b><u>Nursing Salaries and Fringe Benefits Expense per FTE</u></b>			
1	Nursing Salary Expense per FTE	\$86,067	\$90,744	\$93,399
2	Nursing Fringe Benefits Expense per FTE	\$26,728	\$31,307	\$33,530
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$112,796</b>	<b>\$122,051</b>	<b>\$126,929</b>
<b>N.</b>	<b><u>Physician Salary and Fringe Expense per FTE</u></b>			
1	Physician Salary Expense per FTE	\$246,271	\$271,355	\$265,641
2	Physician Fringe Benefits Expense per FTE	\$76,480	\$93,617	\$95,365
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$322,750</b>	<b>\$364,972</b>	<b>\$361,006</b>
<b>O.</b>	<b><u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u></b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$62,666	\$69,599	\$70,362
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,461	\$23,961	\$25,243
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$82,127</b>	<b>\$93,560</b>	<b>\$95,606</b>
<b>P.</b>	<b><u>Total Salary and Fringe Benefits Expense per FTE</u></b>			
1	Total Salary Expense per FTE	\$79,186	\$84,188	\$79,204
2	Total Fringe Benefits Expense per FTE	\$24,591	\$29,012	\$28,423
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$103,777</b>	<b>\$113,200</b>	<b>\$107,627</b>
<b>Q.</b>	<b><u>Total Salary and Fringe Ben. Expense per Statistic</u></b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$5,260	\$5,590	\$5,299
2	Total Salary and Fringe Benefits Expense per Discharge	\$19,644	\$20,768	\$19,771
3	Total Salary and Fringe Benefits Expense per EPD	\$1,539	\$1,582	\$1,481
4	Total Salary and Fringe Benefits Expense per ED	\$5,748	\$5,877	\$5,524
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,179	\$1,295	\$1,284
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,403	\$4,810	\$4,791